

CONFIDENTIAL PROBATE INTAKE FORM

Name & Social Security Number of the person completing this form:

_____.

1. Full legal name of Decedent: _____
2. Date of Death: _____
3. Year Decedent Established Residence in MA: _____
4. Date of Birth: _____
5. Social Security # _____
6. Place of Birth: _____
7. Place of Death: _____
8. Did the decedent have a Will? Y___ N___ Please bring original.
(a) Personal Representative name and social security #: _____
9. Did the decedent create a trust Y___ N___ Please bring to meeting.
10. Please bring at least two certified death certificates.

Family Information

Marital Status:

Married: ___ Divorced: ___ Single: ___ Widowed: ___

Name of Spouse: _____

Date of Death of Spouse: _____

Date of Marriage: _____

Children

1. Name: _____ Date of Birth: ___/___/___
Address: _____
Married? Y___ N___
2. Name: _____ Date of Birth: ___/___/___
Address: _____

Married? Y___ N___

3. Name: _____ Date of Birth: ___/___/___

Married? Y___ N___

Address: _____

4. Name: _____ Date of Birth: ___/___/___

Address: _____

Married? Y___ N___

5. Name: _____ Date of Birth: ___/___/___

Address: _____

Married? Y___ N___

6. Name: _____ Date of Birth: ___/___/___

Address: _____

Married? Y___ N___

Grandchildren (if any)

1. Name: _____ Date of Birth: ___/___/___

Address: _____

2. Name: _____ Date of Birth: ___/___/___

Address: _____

3. Name: _____ Date of Birth: ___/___/___

Address: _____

4. Name: _____ Date of Birth: ___/___/___

Address: _____

If never married; please list any living parents, siblings of the decedent, nieces or nephews, etc. Please include addresses:

Asset Information

Real Estate

Did the decedent own any real estate either individually or in joint names with another?

Yes _____ No _____.

If yes, state the location, owner(s) names; bring copy of deed(s) if possible.

Home: _____

Other Real Estate: _____

Are there any mortgages on the real estate? If yes, please state name of bank holding the mortgage and principal amount owed: _____

Life Insurance: Please bring all life insurance policies.

	Insured	Face Value	Cash Value	Beneficiary	Owner
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Policy #1: _____

Policy #2: _____

Stocks & Bonds: Please bring recent brokerage statement or stock certificates.

Description of stock	Name of owner(s)	Value at date of Death
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_____	_____	_____
_____	_____	_____

Bank Accounts: Please bring recent statements on all accounts, checking, savings and CD's.

Name of Bank:	Name on accts.	Balance at date of Death
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_____	_____	_____
_____	_____	_____

Retirement Benefits: Please bring recent statements.

Retirement acct., Pension or profit Sharing plan	Acct #	Beneficiary	Bal. at Date of death
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Did the decedent own an automobile? If yes, please state year, make and model. Bring copy of title or registration.

Did the decedent own any miscellaneous property? If yes please explain.

Did the decedent create any trusts during his/her lifetime? Please provide copies.

Funeral Expenses:

Please list funeral expenses. (Persons who paid these expenses are entitled to reimbursement from estate.)

Please list to whom paid, description of services, amount, paid by, and approx. date.

List any liabilities the decedent may have:

1. Amount and nature of liability: _____
2. Amount and nature of liability: _____
3. Amount and nature of liability: _____

Have final tax returns been filed for the decedent?
