



PROBATE INTAKE FORM

CLIENT

Full First, Middle and Last Name:

Social Security Number:

Date of Birth:

Physical Address, City, State, Zip Code:

Mailing Address, City, State, Zip Code:

Home Phone:

Cell Phone:

Work Phone:

E-Mail Address:

Please check preferred method of contact: Home Cell Work E-mail

Employer: _____ Position/Job Title: _____

Business Address: _____

Citizenship:

U.S. Citizen Other Citizenship: _____

Driver's License Number: _____ (provide copy)



DECEDENT'S PERSONAL INFORMATION

Date of Death: _____ (Provide certified copy of death certificate)

Decedent's Full First, Middle and Last Name:

Social Security Number:

Date of Birth:

Physical Address, City, State, Zip Code:

Employment Information:

Employer: _____ Position/Job Title: _____

Business Address: _____

Retired: Yes No

Citizenship:

U.S. Citizen Other Citizenship: _____

Driver's License Number: _____ (provide copy)

Did Decedent live in the following states?

WI LA ID TX NM AZ NV WA CA



If there is a will, please fill out this section:

Location of will (if any): _____

Date of will: _____

Location of codicil (if any): _____

Date of codicil: _____

Personal Representative (PR) named in will: _____

PR's address: _____

City: _____ State: _____ ZIP code: _____

Telephone: _____

Relationship to decedent: _____

Alternate PR named in the will (if any): _____

Alternate PR's address: _____

City: _____ State: _____ ZIP code: _____

Telephone: _____

Relationship to decedent: _____



DECEDENT'S SPOUSE (if applicable):

Spouse's Full First, Middle and Last Name:

Social Security Number:

Date of Birth:

Physical Address, City, State, Zip Code:

Employment Information:

Employer: _____ Position/Job Title: _____

Business Address: _____

Retired: Yes No

Citizenship:

U.S. Citizen Other Citizenship: _____

Driver's License Number: _____ (provide copy)



CHILD NO. 1:

First, Middle and Last Name: _____
Social Security Number: _____
Date of Birth: _____
Mailing address: _____
Phone number: _____

Marital Status: Single Married Divorced Other
Number of Children: _____ Name of Spouse: _____

CHILD NO. 2:

First, Middle and Last Name: _____
Social Security Number: _____
Date of Birth: _____
Mailing address: _____
Phone number: _____

Marital Status: Single Married Divorced Other
Number of Children: _____ Name of Spouse: _____



CHILD NO. 3:

First, Middle and Last Name: _____
Social Security Number: _____
Date of Birth: _____
Mailing address: _____
Phone number: _____

Marital Status: Single Married Divorced Other
Number of Children: _____ Name of Spouse: _____

CHILD NO. 4:

First, Middle and Last Name: _____
Social Security Number: _____
Date of Birth: _____
Mailing address: _____
Phone number: _____

Marital Status: Single Married Divorced Other
Number of Children: _____ Name of Spouse: _____



OTHER PROFESSIONAL ADVISORS:

CPA/Accountant:

Name: _____

Phone No: _____

Financial Advisor:

Name: _____

Phone No: _____

Life Insurance Agent:

Name: _____

Phone No: _____

Corporate Attorney:

Name: _____

Phone No: _____

Other:

Name: _____

Phone No: _____

Please indicate how you were referred to Ward Law, PLLC:



PLEASE CHECK “YES” OR “NO” FOR EACH OF THE FOLLOWING:

- Are there any potential legal actions or legal actions that you believe the estate should consider bringing? Yes No
- Was decedent receiving social security, disability, or other governmental benefits? Yes No
- Is decedent’s surviving spouse receiving social security, disability, or other governmental benefits? Yes No
- Was decedent ever divorced? Yes No
- Was decedent making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy) Yes No
- Had decedent ever signed a pre- or post-marriage contract? (Please furnish a copy) Yes No
- Had decedent previously been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy) Yes No
- Had decedent ever filed federal or state gift tax returns? (Please furnish copies of these returns) Yes No
- Do any of decedent’s children receive government support or benefits? Yes No
- Did decedent legally adopt any of the listed children? (Please provide a copy of adoption decree.) Yes No
- Did decedent ever relinquish parental rights for a child? Yes No
- Were any of decedent’s children adopted by someone else? Yes No
- Did decedent have children with special educational, medical, or physical needs? Yes No
- Are any of decedent’s children institutionalized? Yes No
- Did decedent provide primary or other major financial support to adult children? Yes No



ASSET INFORMATION

SAFETY DEPOSIT BOX:

Bank/Branch: _____
Box No: _____
Signers on Box: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____
TYPE OF SECURITY: _____
HOW TITLED: _____
LOCATION OF CERTIFICATE: _____
DATE OF DEATH VALUE: _____



BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____



MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____



U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: Yes No

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____



INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____



ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____



VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:



REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: Yes No

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: Yes No

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: Yes No



DOCUMENTS NEEDED BY THIS OFFICE:

- DEATH CERTIFICATE
- PAID FUNERAL BILL
- REAL ESTATE DEEDS
- VEHICLE TITLES
- COPIES OF ANY BILLS/CREDITORS ADDRESSES
- LAST WILL AND TESTAMENT

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