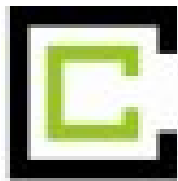


PROBATE INTAKE WORKSHEET



**Case Estate & Elder Law, P.C.
Probate, Estate and Trust Administration**

USING THIS ORGANIZER WILL ASSIST US IN DETERMINING THE NEEDS AND REQUIREMENTS OF THIS ESTATE ADMINISTRATION.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.



Charles C. Case, Jr. ♦ 1645 Falmouth Road, Suite 1E, Centerville, Massachusetts 02632
Phone: (508) 790-3050 ♦ Fax: (508) 790-3049

PERSONAL INFORMATION

Decedent's Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Date of Death _____ Birth date _____ SS# _____ US Citizen? _____

Legal Residence _____ City _____ State ____ Zip _____

Home Telephone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

Business Telephone _____

Divorced Widowed Single

Decedent's Spouse's Information

Name	Birth date	Date of Marriage
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMATION - CLIENT

Full Legal Name _____
(Name most often used to title property and accounts)

Date of Death _____ Birth date _____ SS# _____ US Citizen? _____

Legal Residence _____ City _____ State ____ Zip _____

Email _____ Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

Business Telephone _____ It is okay to communicate with me via my E-mail address.



DECEDENT'S CHILDREN

Use full legal name. Please indicate whether the children are natural, adopted, or step-children:

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS No. and Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS No. and Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS No. and Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS no. and Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS no. and Comments: _____

LEGATEES (THOSE NAMED IN THE WILL)

Use full legal name:

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS No. and Comments: _____

Name, Address & Phone	Birth date	Relationship
_____	_____	_____

SS No. and Comments: _____



Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS no. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS no. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____

HEIRS/OTHER FAMILY MEMBERS NOT MENTIONED IN THE WILL

Use full legal name:

Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____

Name, Address & Phone

Birth date

Relationship

SS No. and Comments: _____



DECEDENT'S ADVISORS AND OTHERS

Name & Contact Information

Telephone

Funeral Home _____

Personal Attorney _____

Accountant _____

Will the Accountant be preparing any final taxes for the decedent and/or estate?

Financial Advisor _____

Life Insurance Agent _____

Banker _____

Other _____

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Was the decedent receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Was the Decedent a Veteran? If so, will the Funeral Home apply for Veteran benefits?		
Did the decedent have a Will?		
If so, are you in possession of the original Will?		
Did the Decedent have a trust, or other known estate planning? <i>Please furnish copies of these documents</i>		
Was the Decedent a recipient of Medicare/Medicaid benefits?		
Was the Decedent a beneficiary of anyone else's trust? <i>If so, please explain below</i>		
Did the Decedent have any children have special educational, medical, or physical needs? <i>Describe</i> _____		
Did the any of the Decedent's children receive governmental support or benefits? <i>Describe</i> _____		



PROPERTY INFORMATION
INSTRUCTIONS FOR COMPLETING
THE *PROPERTY INFORMATION* CHECKLIST

General Headings This *Property Information* checklist is designed to help you list all the property the Decedent owned and what it is worth. Use **extra sheets** of paper to list your additional property.

“Owner” of Property Knowing how the Decedent owned the property is extremely important. For each property, please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If property is in the Decedent’s name only	I
Joint Tenancy with someone	JTO
Tenants By The Entirety	TBE
If you cannot determine how the property is owned	?

REAL PROPERTY

INSTRUCTIONS: Include any interest in real estate – i.e. family residence, vacation home, time-share, vacant land, etc. Please indicate the deed reference if known (Book and Page). Also note the name and address of the insurance agent providing fire/utility insurance. When do these policies come up for renewal?

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____



FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Please indicate whether you have the original passbook for the savings account if applicable. Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Date of Death Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____



STOCKS AND BONDS

TYPE: List any and all stocks and bonds the Decedent owned. If held in a brokerage account, lump them together under each account. (Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total _____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____	

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____	



BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, the Decedent's ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO THE DECEDENT

TYPE: Mortgages or promissory notes payable to the Decedent, or other moneys owed to the decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				<i>Total</i> _____

OTHER ASSETS AND SAFETY DEPOSIT BOXES

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____



ESTATE LIABILITIES

INSTRUCTIONS: List all Credit cards to be canceled including the issuer and account number, any mortgages including the lending institution, location, and account number, any additional loans and any miscellaneous bills.

Liability Information

Balance Due

Total _____



ADDITIONAL RELEVANT INFORMATION & EXPLANATION

