

JOY BUCK GOTHARD
ATTORNEY AT LAW

Appointment Date: _____ Time: _____

PROBATE INFORMATION FORM (NO WILL)

ABOUT THE DECEASED (also known as the Decedent):

Full Legal Name: _____ SSN: _____

Date of Birth: _____ Date of Death: _____ Age: _____

Residence: _____

Street

City

State

Zip

County

Occupation/Employer: _____

Safe Deposit box? _____ Yes _____ No

If so, Location: _____ Box No.: _____

Name(s) on Box: _____

Costs of Funeral/Burial: _____ Paid by: _____

Was the Decedent a resident of a nursing home? _____ If so, for how long? _____

MARITAL STATUS OF DECEDENT:

Full Legal Name of Spouse: _____

Date and Place of Marriage: _____

Spouse's Date of Birth: _____ Spouse's Date of Death (if applicable): _____

Spouse's SSN: _____ US Citizen? _____

Occupation/Employer: _____

Was the Decedent party to a Prenuptial Agreement (i.e. Antenuptial Agreement) or Postnuptial Agreement? _____

Is/was the Decedent's spouse a resident of a nursing home? _____ If so, for how long? _____

ABOUT THE PERSONAL REPRESENTATIVE(S):

A. Personal Representative's Name: _____

Mailing Address: _____

Street

City

State

Zip

County

Relationship: _____ SSN: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Occupation/Employer: _____

Email Address: _____ Is this a work email? _____

Do you consent to the transmission of confidential information to you via email?

Yes _____ No _____

B. Personal Representative's Name: _____
Mailing Address: _____
Street

City State Zip County
Relationship: _____ SSN: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Occupation/Employer: _____
Email Address: _____ Is this a work email? ____
Do you consent to the transmission of confidential information to you via email?
Yes ____ No ____

ABOUT THE DECEDENT'S FAMILY:

Never Married: _____ Married, Divorced, or Widowed: _____

PLEASE LIST THE DECEDENT'S NEXT OF KIN

A. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

B. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

C. Name: _____ Relationship: _____
Mailing Address: _____
Street

City State Zip County
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____

Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

D. Name: _____ Relationship: _____
Mailing Address: _____
Street _____
City _____ *State* _____ *Zip* _____ *County* _____
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

E. Name: _____ Relationship: _____
Mailing Address: _____
Street _____
City _____ *State* _____ *Zip* _____ *County* _____
City of Residence (if Different): _____
SSN: _____ Date of Birth/Age: _____
Telephone: (Home) _____ (Work) _____
(Cell) _____
Email Address: _____

DECEDENT'S ASSETS (attach additional pages if necessary):

Real Estate:

Address/Location	Owner(s)	Est. Fair Value at Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Accounts, Cash, Certificates of Deposit (CDs), cryptocurrency (i.e. Bitcoin), etc.:

Bank Name:	Account Number:	Account Owner(s):	Value at Death:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Accounts (IRAs, 401(k)s, etc.):

Financial Institution:	Type of Account/ Account Number:	Account Owner(s):	Value at Death:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Investments (Stocks, Bonds, and Marketable Securities):

Financial Institution:	Type of Account/ Account Number:	Account Owner(s):	Value at Death:
------------------------	-------------------------------------	----------------------	-----------------

Life Insurance:

Life Insurance Company:	Policy Number:	Beneficiary	Value at Death:
-------------------------	----------------	-------------	-----------------

Automobiles and Other Vehicles/Boats:

Year, Make, and Model:	Owner(s)	Value at Death:
------------------------	----------	-----------------

Other Assets (Including Household Goods/Furnishings):

Value at Death:

DECEDENT'S DEBTS:

House Mortgage Payable To:	Balance Due:
----------------------------	--------------

Automobile Loans Payable To:	Balance Due:
------------------------------	--------------

Credit Cards Payable To:	Balance Due:
--------------------------	--------------

Medical Bills Payable To (<i>Please bring copies.</i>):	Balance Due:
---	--------------

Loans Payable To:	Balance Due:
-------------------	--------------

Other Debts:

Balance Due:

REFERRAL:

Were you referred by anyone? If so, who? _____

If not, how did you hear about us? _____

Is it ok for us to thank the person who referred you? Yes _____ No _____