



Confidential

Probate Intake Form



253-498-0200
washingtonestateservices.com

Please accept our condolences for the loss of your loved one. This is an emotional time and we appreciate you placing your trust in our firm and allowing our attorneys to assist your family.

Please complete the attached *Probate Intake Form* as thoroughly as possible. The information you provide allows us to assess your specific needs to properly carry out your loved one's final wishes. Please return the completed form to Tessa@WashingtonEstateServices.com.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication.

During or following our initial consultation, we will provide you a recommended course of action along with an outline of proposed attorney fees to complete the advised plan.

If you have any questions or need help at any time during the administration process, please contact us at (253) 498-0200 or via e-mail at Tessa@WashingtonEstateServices.com.

Washington Estate Planning Services

Confidential Probate Intake Form

Personal and Confidential

Client Information

Full Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Phone: _____

Who referred you to us? _____

Decedent's Information

Full Name (First/Middle/Last): _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Place of Death: _____

Was the Decedent married at the time of death? (Y/N) _____

All Spouse's Name(s)	Date of Marriage	Date of Divorce	Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At the time of death, did the Decedent have a Will? (Y/N) _____

If yes, please provide the original or a copy of the Decedent's Death Certificate.

If yes, was the Will probated? (Y/N) _____

Address of Decedent at the Time of Death: _____

Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

Living or Deceased Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____
Phone Number: _____ Email Address: _____
Social Security Number: _____ Date of Death (if applicable): _____
If deceased, please provide the names of any living children*:

2) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____
Phone Number: _____ Email Address: _____
Social Security Number: _____ Date of Death (if applicable): _____
If deceased, please provide the names of any living children*:

3) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____
Phone Number: _____ Email Address: _____
Social Security Number: _____ Date of Death (if applicable): _____
If deceased, please provide the names of any living children*:

4) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____
Phone Number: _____ Email Address: _____
Social Security Number: _____ Date of Death (if applicable): _____
If deceased, please provide the names of any living children*:

*Including any children given up for adoption or for which parental rights have been terminated.

Personal Representative Information

Please provide the following information of the intended Personal Representative if different than client:

Full Name: _____ Age: _____ Relation to Decedent: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

Full Name: _____ DOB: _____ Relation to Decedent: _____
Social Security Number: _____ Percentage to Receive: _____
Street Address: _____ City: _____
State: _____ County: _____ Zip Code: _____

Full Name: _____ DOB: _____ Relation to Decedent: _____
Social Security Number: _____ Percentage to Receive: _____
Street Address: _____ City: _____
State: _____ County: _____ Zip Code: _____

Full Name: _____ DOB: _____ Relation to Decedent: _____
Social Security Number: _____ Percentage to Receive: _____
Street Address: _____ City: _____
State: _____ County: _____ Zip Code: _____

Full Name: _____ DOB: _____ Relation to Decedent: _____
Social Security Number: _____ Percentage to Receive: _____
Street Address: _____ City: _____
State: _____ County: _____ Zip Code: _____

Real Estate

Please list all real estate that was owned by the Decedent or an associated trust at the time of death. This will include residences, rental property, commercial properties, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)

Address/Location & County:

Owner(s):

Current Value: \$

Outstanding Mortgage: \$

Is the current value based off of an appraisal or the county assessor?

Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Decedent at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

2. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

3. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

4. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

Stocks

1.	Company: _____	Number of shares: _____
	Date Issued: _____	Book entry of certificate form: _____
	Certificate No. if in certificate form: _____	Account No. if in book entry form: _____
	Account Number: _____	Account Type: _____
	Type of ownership: _____	Approximate Value: _____

2.	Company: _____	Number of shares: _____
	Date Issued: _____	Book entry of certificate form: _____
	Certificate No. if in certificate form: _____	Account No. if in book entry form: _____
	Account Number: _____	Account Type: _____
	Type of ownership: _____	Approximate Value: _____

3.	Company: _____	Number of shares: _____
	Date Issued: _____	Book entry of certificate form: _____
	Certificate No. if in certificate form: _____	Account No. if in book entry form: _____
	Account Number: _____	Account Type: _____
	Type of ownership: _____	Approximate Value: _____

4.	Company: _____	Number of shares: _____
	Date Issued: _____	Book entry of certificate form: _____
	Certificate No. if in certificate form: _____	Account No. if in book entry form: _____
	Account Number: _____	Account Type: _____
	Type of ownership: _____	Approximate Value: _____

List any additional information on other accounts:

Bonds

Please provide a copy of each bond.

1.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on other accounts:

Retirement Benefit Accounts

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

2. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

3. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

4. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

Pension Plans

1. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

2. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

3. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

Decedent's Life Insurance Policies

Please provide the following information for all of Decedent's insurance policies. Also, please provide the original policy documentation to us as well.

1. Life Insurance Company:

Policy No.:	Owner of Policy:
Insured:	Beneficiaries:
Type of Policy: Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/>	Accidental/Travel <input checked="" type="checkbox"/>
Death Benefit: \$	Cash Value: \$
Is there any loan against the policy? (Y/N)	If "yes", how much? \$

2. Life Insurance Company:

Policy No.:	Owner of Policy:
Insured:	Beneficiaries:
Type of Policy: Term <input type="checkbox"/> Whole/Universal <input type="checkbox"/>	Accidental/Travel <input checked="" type="checkbox"/>
Death Benefit: \$	Cash Value: \$
Is there any loan against the policy? (Y/N)	If "yes", how much? \$

3. Life Insurance Company:

Policy No.:	Owner of Policy:
Insured:	Beneficiaries:

Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc. Please list all tangible personal property that Decedent owned at the time of death valued individually over \$5,000.

1. Description:

Ownership (Individual/Joint/Trust):

Approximate Value: \$	Has the item been appraised?: (Y/N)
Appraised Value: \$	Current location of item:

2. Description:

Ownership (Individual/Joint/Trust):

Approximate Value: \$	Has the item been appraised?: (Y/N)
Appraised Value: \$	Current location of item:

3. Description:

Ownership (Individual/Joint/Trust):

Approximate Value: \$	Has the item been appraised?: (Y/N)
Appraised Value: \$	Current location of item:

4. Description:

Ownership (Individual/Joint/Trust):

Approximate Value: \$	Has the item been appraised?: (Y/N)
Appraised Value: \$	Current location of item:

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes No

If yes, please provide a copy of all relevant documents

Creditors

Please provide the following information for all the Decedent's known creditors. Examples of creditors include medical debt, loans, credit cards etc.

1.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
2.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
3.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
4.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
5.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
6.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____
7.	Name: _____	Amount: _____
	Address: _____	
	Account #: _____	Type of Debt: _____

Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

Funeral Home:

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home?

Yes

No

