

Probate/Trust Administration Information Packet

All information contained in this form is confidential and protected by attorney-client privilege.

Decedent's Information

Name:	DOB:	DOD:	
Address:	City:	State:	Zip:
SSN:	Will: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trust: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have/know the whereabouts of the original documents? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Your Information

Name:	DOB:	SSN:	
Address:	City:	State:	Zip:
Phone #:	Alternate Phone #:		
Email:			

Decedent's Spouse (if different than above)

Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	Alternate Phone #:		
SSN:			

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Children (all living and deceased children should be listed)

Number of living children: _____

Number of deceased children: _____

Child's Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Been Married		
Relationship to Decedent: <input type="checkbox"/> Blood Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted (Legally)			
Their Children's Names:			

Child's Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Been Married		
Relationship to Decedent: <input type="checkbox"/> Blood Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted (Legally)			
Their Children's Names:			

Child's Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Been Married		
Relationship to Decedent: <input type="checkbox"/> Blood Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted (Legally)			
Their Children's Names:			

Child's Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Been Married		
Relationship to Decedent: <input type="checkbox"/> Blood Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted (Legally)			
Their Children's Names:			

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Other Beneficiaries Named in the Will/Trust

Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	Alternate Phone #:		
Relationship:			

Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	Alternate Phone #:		
Relationship:			

Name:	DOB:	DOD (if applicable):	
Address:	City:	State:	Zip:
Phone #:	Alternate Phone #:		
Relationship:			

Comments/Concerns:
