

## PROBATE INFORMATION

Estate of \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Late of \_\_\_\_\_ SS#: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 City & State of residence: \_\_\_\_\_  
 Year residence established: \_\_\_\_\_  
 Is there a will? \_\_\_ Yes \_\_\_ No Date of Will: \_\_\_\_\_  
 Has a probate estate been opened? \_\_\_ Yes \_\_\_ No  
 If yes, Probate Court: \_\_\_\_\_ Docket No. \_\_\_\_\_

### PERSONAL REPRESENTATIVE

Name	Address	Phone #

### SPOUSE AND HEIRS

Name	Address	DOB/Age	Relationship	SS#

**BENEFICIARIES NAMED IN WILL**

Name	Address	Date of birth	Relationship to decedent	SS#

**ASSETS**

1. Real Estate: (Please attach copies of deeds, leases if available)

Property address	Form of Ownership – single owner, tenants in common, joint tenancy?	Approx. Value	Approx. Mortgage

2. Other assets:

<u>Item</u>	<u>Location</u>	<u>@ Value of Secured Loan</u>	<u>@ FMV Value</u>
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**Cash on Hand:**

**Auto #1:**

Make:

Year:

Style:

VIN:

**Auto #2:**

Make:

Year:

Style:

VIN:

**Furniture:**

**Clothing & Personal Items:**

**Jewelry:**

**Other assets (please list):**

3. Rights and Credits:

**A. Bank Accounts**

Bank Account #1	Bank Account #2
Bank:	Bank:
Acct #:	Acct #:
Type:	Type of Acct:
Balance:	Balance:
Name(s) on account:	Name(s) on account:

Bank Account #3	Bank Account #4
Bank:	Bank:
Acct #:	Acct #:
Type:	Type of Acct:
Balance:	Balance:
Name(s) on account:	Name(s) on account:

**B. Securities** (Stocks and/or Bonds - attach list and needed information)

Company	# of Shares	Value @ Death	Name(s) on account

**CLOSELY OWNED BUSINESS:**

\_\_\_ Partnership \_\_\_ Corporation \_\_\_ Proprietorship \_\_\_ Sub S Corporation

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer ID #: \_\_\_\_\_ Decedent's Interest: \_\_\_\_\_

Buy-Sell Agreement?: \_\_\_\_\_ Value of Interest: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

4. Life Insurance:

Company	Policy #	Death benefit	Beneficiary

Name & Address of Insurance Advisor: \_\_\_\_\_

5. Employee Benefit Plans:

Name of Plan	Qualified	Contrib %	Payout Terms	Beneficiary

Contact Person: \_\_\_\_\_

6. Other Miscellaneous Assets:

7. Gifts of \$10,000 or more to any recipient within 3 years of Decedent's Death:

Date	Amount of Gift	Recipient (name & address)

\*Please attach copies of Gift Tax Returns.

**EXPENSE INFORMATION (Estimates)**

1. Funeral expenses: \_\_\_\_\_

2. Hospital expenses: \_\_\_\_\_

3. Other medical expenses: \_\_\_\_\_

4. Unpaid income tax: \_\_\_\_\_

5. Unpaid real estate tax: \_\_\_\_\_

6. Household, etc.: \_\_\_\_\_

7. Other debts: \_\_\_\_\_

8. Medical Insurance: \_\_\_\_\_

Other Comments:

Please return to:

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