

PROBATE INFORMATION

Estate of _____ Today's Date: _____
 Late of _____ SS#: _____
 Date of Death: _____ Date of Birth: _____
 City & State of residence: _____
 Is there a will? ___ Yes ___ No Date of Will: _____
 Is there a codicil? ___ Yes ___ No Date of Codicil: _____
 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

BENEFICIARIES NAMED IN WILL

Name	Address	Date of birth	Relationship to decedent

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 and Personal Items:

Jewelry:

Other assets (please list):

3. Rights and Credits:

A. Bank Accounts

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

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

Business 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

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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 any Gift Tax Returns that have been filed.

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. Credit cards and other debts:

Please provide an original death certificate and original will (and codicil), if available.

We will require payment of a retainer before any matter can be filed with the probate court. The probate court requires payment of a filing fee at the time of filing. Filing fee is based primarily on the net value of the estate assets.

Please return to:

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