



Foley & Foley

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Foley & Foley Use Only:

Date: _____

File No.: _____

Attorney: _____

Conflict Check: _____

PROBATE/POST-MORTEM INTAKE FORM

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CLIENT NO. 1

Full First, Middle and Last Name

Relationship to Decedent

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Home Phone

Cell Phone

Work Phone

E-Mail Address: _____

Please check preferred method of contact: Home Cell Work E-mail

Employer: _____ Position/Job Title: _____

Business Address: _____

Citizenship:

U.S. Citizen

Other Citizenship: _____

Driver's License Number: _____

CLIENT NO. 2

Full First, Middle and Last Name

Relationship to Decedent

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Home Phone

Cell Phone

Work Phone

E-Mail Address:

Please check preferred method of contact: Home Cell Work E-mail

Employer:

Position/Job Title:

Business Address:

Citizenship:

U.S. Citizen

Other Citizenship: _____

Driver's License Number:

DECEDENT'S INFORMATION

Date of Death (Provide certified copy of death certificate)

Decedent's Full First, Middle and Last Name:

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Marital Status: Single Married Divorced Widowed

Employment Information:

Employer: _____ Position/Job Title: _____

Business Address: _____

Retired: Yes No

Citizenship:

U.S. Citizen Other Citizenship: _____

Driver's License Number: _____

DECEDENT'S SPOUSE (if applicable):

Full First, Middle and Last Name

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Employment Information:

Employer: _____ Position/Job Title: _____

Business Address: _____

Retired: Yes No

CITIZENSHIP:

U.S. Citizen Other Citizenship: _____

Driver's License Number: _____

CHILD NO. 1:

Full First, Middle and Last Name: _____

Birth Date: _____

Social Security Number: _____

Phone Number: _____

Mailing Address: _____

Parents: Decedent Only Decedent's Spouse Both

Marital Status: Single Married Divorced Widowed

Name of Spouse: _____ Number of Children: _____

CHILD NO. 2:

Full First, Middle and Last Name: _____

Birth Date: _____

Social Security Number: _____

Phone Number: _____

Mailing Address: _____

Parents: Decedent Only Decedent's Spouse Both

Marital Status: Single Married Divorced Widowed

Name of Spouse: _____ Number of Children: _____

CHILD NO. 3:

Full First, Middle and Last Name: _____

Birth Date: _____

Social Security Number: _____

Phone Number: _____

Mailing Address: _____

Parents: Decedent Only Decedent's Spouse Both

Marital Status: Single Married Divorced Widowed

Name of Spouse: _____ Number of Children: _____

CHILD NO. 4:

Full First, Middle and Last Name: _____

Birth Date: _____

Social Security Number: _____

Phone Number: _____

Mailing Address: _____

Parents: Decedent Only Decedent's Spouse Both

Marital Status: Single Married Divorced Widowed

Name of Spouse: _____ Number of Children: _____

**PROVIDE LIST OF POTENTIAL BENEFICIARIES
(other than spouse or children)**

Beneficiary 1:

Full First, Middle and Last Name

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Beneficiary 2:

Full First, Middle and Last Name

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Beneficiary 3:

Full First, Middle and Last Name

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

DECEDENT'S PROFESSIONAL ADVISORS:

CPA/Accountant:

Name

Phone No.

Financial Advisor:

Name

Phone No.

Life Insurance Agent:

Name

Phone No.

Corporate Attorney:

Name

Phone No.

Other:

Name

Phone No.

PLEASE INDICATE WHO REFERRED YOU: _____

PLEASE CHECK “YES” OR “NO” FOR EACH OF THE FOLLOWING:

- Had the decedent completed wills, trusts, or estate planning documents?
(Please furnish copies/originals of these documents) Yes No
- Are there any potential legal actions or legal actions that you believe
the estate should consider bringing? Yes No
- Was decedent receiving social security, disability, or other
governmental benefits? Yes No
- Is decedent’s surviving spouse receiving social security, disability,
or other governmental benefits? Yes No
- Was decedent ever divorced? Yes No
- Was decedent making payments pursuant to a divorce or property
settlement agreement? (Please furnish a copy) Yes No
- Had decedent ever signed a pre- or post-marriage contract?
(Please furnish a copy) Yes No
- Had decedent previously been widowed? (If a federal estate tax return or
a state death tax return was filed, please furnish a copy) Yes No
- Had decedent ever filed federal or state gift tax returns?
(Please furnish copies of these returns) Yes No
- Do any of decedent’s children receive government support or benefits? Yes No
- Did decedent legally adopt any of the listed children?
(Please provide a copy of adoption decree.) Yes No
- Did decedent ever relinquish parental rights for a child? Yes No
- Were any of decedent’s children adopted by someone else? Yes No
- Did decedent have children with special educational, medical,
or physical needs? Yes No
- Are any of decedent’s children institutionalized? Yes No
- Did decedent provide primary or other major financial support to adult children? Yes No
- Are any of decedent’s minor children of either Alaska Native or
American Indian Descent? Yes No

ASSET INFORMATION

BANK AND CREDIT UNION CASH ACCOUNTS: Checking, Savings, Certificates of Deposit, Business Accounts, Money Market Accounts held with Bank.

Please provide the most recent statement for all accounts, including those held with 3rd parties. (Statements only. Printouts of online summaries are insufficient.) Please provide the monthly statement for each account for the month of decedent's death when available.

SAFE DEPOSIT BOX:

Bank/Branch: _____

Box No. _____

Signers on Box: _____

INVESTMENT ACCOUNTS: Money Market, Brokerage, Cash Management, Mutual Fund, or other types of Non-Retirement Accounts.

Please provide recent statements for all accounts, including those held with 3rd parties. (Statements only. Printouts of online summaries are insufficient.) If available, please provide the monthly statement for each account for the month of decedent's death.

STOCK HOLDINGS:

Publicly Held Stock: Please provide copies of all publicly held stock certificates and/or DRIP Account statements.

Alaska Native Stock: Please provide copies of all stock certificates, statements of holding, or Native Stock Wills.

PERSONAL EFFECTS: Vehicles, Boats, Airplanes, Recreational Vehicles, Collections

Please provide copies of any vehicle titles, boat registrations, airplane titles, recreational vehicle registrations. Please provide descriptions of any personal effects or collections of personal effects that have significant value. Please provide copies of any loan statements.

RETIREMENT, PENSION PLANS, ANNUITIES: Please provide recent statements for

- IRAs
- Profit Sharing Plans
- SEP Accounts
- 401(k) Accounts
- 403(b) Accounts
- H.R. 10 Plans
- Pension Plans
- Annuities

LIFE INSURANCE POLICIES: Please provide recent statements and policies for insurance policies (i.e. term, whole life, variable, universal, split dollar, group, employee, second-to-die policies, etc.)

BONDS: Please provide copies of bonds held outside investment accounts (i.e. U.S. Savings, Corporate, Municipal, Treasury, etc.)

MONIES OWED: Please provide documents indicating monies owed to decedent, including:

- Promissory Notes
- Personal Loan Agreements
- Recorded Deeds of Trust
- Escrow Statements
- Escrow Agreements

BUSINESS INTERESTS: Please provide the following information for any business interests owned by the decedent:

- General Partnership Agreement(s)
- Limited Partnership Agreement(s)
- LLC Membership Certificate(s) and Operating Agreement(s)
- Sub-S or C Corp Stock Certificate(s) and Shareholder Agreement(s)
- Business License(s)

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT: Please provide documents regarding lawsuit judgments or trusts for which decedent is or may become a beneficiary or interested party.

REAL PROPERTY: Please provide the following for each piece of real estate that decedent owned:

Warranty Deed, Quitclaim Deed, or State of Alaska Patent

Mortgage Loan Statements

Re-plats that have been recorded since decedent purchased the property

LIABILITY INSURANCE: Please provide copies of all liability insurance policy statements, including vehicles, boats, airplanes, real property, personal articles, etc.

OIL/GAS/MINERAL INTERESTS: Please provide copies of any oil/gas/mineral interests, including Oil/Gas/Mineral Deeds, recent statements evidencing payment of any oil/gas/mineral interests.

TIMESHARES: Please provide a copy of the Timeshare Certificate and Agreement, as well recent contact information regarding the timeshare company, including phone number and address.

CEMETERY DEEDS: Please provide copies of any cemetery deed or burial agreement.

FISHING INTERESTS: Please provide documentation for all fishing permits, set-net leases, IFQs, and Exxon-Valdez Oil-Spill Claims.

OTHER ASSETS: Please provide back-up information for all other assets that decedent owned.

CREDIT CARDS: Please provide copies of recent credit card account statements on which decedent was obligated as a signer.

OTHER DEBTS/LIABILITIES: Please provide copies of any documents evidencing liabilities/debts or obligations of the decedent that do not fit into any above-listed categories.

TAX RETURNS: Please provide us with copies of decedent's last 2 years tax returns.