



Foley, Foley & Pearson Use Only:	
Date:	_____
File No.:	_____
Attorney:	_____
Conflict Check:	_____

# PROBATE/POST-MORTEM INTAKE FORM

© 2016 Foley, Foley & Pearson, P.C.

## 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: \_\_\_\_\_

Full 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: \_\_\_\_\_

Full 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: \_\_\_\_\_

Full 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: \_\_\_\_\_

Full 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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, and IFQs.

**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.