

# PROBATE INFORMATION FORM

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**The information that you provide on this form is a very important starting point for us to understand the probate estate and beneficiaries. The more completely you prepare this information prior to your consultation, the further ahead we will be during the interview. If you don't have all of the information, please provide the information you have. We appreciate you taking the time to give us this information.**

*Dedicated to Client-Centered Estate Planning and Family Wealth Counseling Since 1968*

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**Part 1: PERSONAL REPRESENTATIVE/ADMINISTRATOR INFORMATION**

Please print very legibly! "Full name" means include full middle name.

**FULL LEGAL NAME:** \_\_\_\_\_ Citizen of what country?: \_\_\_\_\_

Name you prefer to be called by: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Other/Cell Phone: \_\_\_\_\_

How you sign your legal name: \_\_\_\_\_ Fax: \_\_\_\_\_  
(please print clearly)

MARITAL STATUS:       Married     Unmarried      E-mail: \_\_\_\_\_

FULL NAME OF SPOUSE: \_\_\_\_\_

**RESIDENCE (MAILING) ADDRESS** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
(e.g., King, Pierce, Snohomish)

Have you ever been convicted of a felony?     YES     NO

**ALTERNATE CONTACT(S):**

<u>NAME</u>	<u>PHONE NUMBER</u>
_____	_____
_____	_____

**Part 2: DECEDENT INFORMATION**

Please print very legibly! "Full name" means include full middle name.

**DECEDENT'S FULL LEGAL NAME:** \_\_\_\_\_

Date of Death: \_\_\_\_\_ Location of Death: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Citizen of what country?: \_\_\_\_\_

**LAST ADDRESS** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
(e.g., King, Pierce, Snohomish)

Married\*       Divorced       Widowed       Single

\*Date of marriage: \_\_\_\_\_ State where he/she was married: \_\_\_\_\_

Previous marriage(s): Name of spouse: \_\_\_\_\_ Year marriage ended: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Year marriage ended: \_\_\_\_\_

**Part 3: DECEDENT'S WILL INFORMATION** Please print very legibly! Answer what you know.

Will       No Will       Think a Will exists but can't locate it: \_\_\_\_\_

Name of Testator/Testatrix on Will: \_\_\_\_\_

Personal Representative/Executor/Executrix: \_\_\_\_\_

Decedent was a resident of which county \_\_\_\_\_ State \_\_\_\_\_

decedent left property subject to probate in State of Washington       Uncertain

decedent left property subject to probate in other states: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Last Will & Testament: \_\_\_\_\_

Subscribing Witnesses: \_\_\_\_\_ & \_\_\_\_\_

Date of Codicil: \_\_\_\_\_ Witnesses: \_\_\_\_\_ & \_\_\_\_\_

**HEIRS LISTED IN WILL: (Name alone is sufficient if person is listed in Part 5 below)**

	<u>Name</u>	<u>Address</u>	<u>Relation to Decedent</u>
1.			
2.			
3.			
4.			
5.			
6.			

*(For additional heirs, please list on the last page of this questionnaire)*

**Part 4: MISCELLANEOUS INFORMATION:**

Who referred you to Albertson Law Group? \_\_\_\_\_

If you weren't referred, how did you hear about our firm? \_\_\_\_\_

Cause of Death: \_\_\_\_\_  Natural       Unknown       Wrongful in some way

Explain if you believe death was wrongful: \_\_\_\_\_

**ATTORNEY TO COMPLETE BOTTOM OF THIS PAGE:**

Referral made to: \_\_\_\_\_  via phone call       other: \_\_\_\_\_

Re: Bond       Will requires bond       Waives bond (Attorney can complete this if you don't know.)

Will authorizes full non-intervention powers       Intervention powers       Uncertain (we'll complete)

Solvency:  Assets exceed debts of estate       Liabilities of estate exceed assets       Uncertain

**Part 5: DECEDENT'S BENEFICIARY/FAMILY INFORMATION**

Please print very legibly! "Full name" means include full middle name.

**DECEDENT'S SPOUSE** (Please write "dec" after name if spouse is deceased)

Full legal name: \_\_\_\_\_ A.K.A.: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Residence phone: \_\_\_\_\_ Work/other phone: \_\_\_\_\_

**DECEDENT'S CHILDREN** (Please write "dec" after child's name if child is deceased)  No children

Oldest child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

*(For additional children, please list on the last page of this questionnaire)*

**DECEDENT'S PARENTS** (Please provide if they are living) otherwise  Father deceased  Mother deceased

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

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

**DECEDENT'S SIBLINGS** (Please write "dec" after sibling's name if sibling is deceased.)

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Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

*(For additional siblings, please list on the last page of this questionnaire)*

**DECEDENT'S OTHER BENEFICIARIES** (Please write "dec" after name if deceased)

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Beneficiary's *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Relation:  Grandchild  Nephew/Niece  Friend  Other: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Beneficiary's *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Relation:  Grandchild  Nephew/Niece  Friend  Other: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Beneficiary's *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Relation:  Grandchild  Nephew/Niece  Friend  Other: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

**ANY OTHER IMPORTANT CONTACTS**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)  
Relation to this case: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)  
Relation to this case: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)  
Relation to this case: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)  
Relation to this case: \_\_\_\_\_

**Part 6: REMINDER**

**Please bring to your consultation:**

- Original Will and/or Community Property Agreement**
- Two (2) Certified copies of the Death Certificate**
- Last driver's license of decedent (if you can find)**
- Anything else you think we should review/see/have/be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part 7: ESTATE ASSET SUMMARY**

*Please complete this as best you can. Feel free to attach copies of statements or assets.*

**USE DATE OF DEATH FAIR MARKET VALUE FOR EACH ASSET**

<b>LIQUID ASSETS</b>	<b>Address of Holder</b>	<b>Account Number</b>	<b>How Titled (i.e. JtwROS)</b>	<b>Balance</b>
1. Cash and Checking Accounts				
2. Savings Accounts				
3. Money-Market Funds				
4. Brokerage Accounts				
5. Stocks not in brokerage accounts				
6. Bonds not in brokerage accounts				
7. Mutual Funds				
8. Certificates of Deposit				
9. Life Insurance				
10. Other:				
<b>11. Total liquid Assets (add lines 1-10)</b>	-----	-----	----->	

<b>RETIREMENT ASSETS</b>	<b>Holder/Custodian</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Balance</b>
<b>List Address of Holder</b>				
12. IRAs				

<b>RETIREMENT ASSETS</b>	<b>Holder/Custodian</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Balance</b>
<b>List Address of Holder</b>				
13. Profit Sharing/Pension/401(k)s				
14. Other:				
<b>15. Total Retirement (add 12-14)</b>	-----	-----	----->	
<b>NON-LIQUID ASSETS</b>	<b>Address or Description</b>	<b>Parcel # of Description</b>	<b>How Titled</b> Joint Tenancy Ten/Common Comm.Prop.	<b>FMV (Value)</b>
16. Residence				
17. Rental				
18. Loans made to others				
19. Business(es)				
20. Recreational Property(ies)				
21. Other:				
<b>22. Total Non-Liquid (16-21)</b>	-----	-----	----->	
<b>PERSONAL</b>	<b>Lender or Description</b>	<b>State Licensed In</b>	<b>Co-Owner Name</b>	<b>Value</b>
23. Car				
24. Additional Car(s)				
25. Boats/Recreational Vehicles				
26. Furniture				
27. Household goods/ Misc. Personal items				
28. Jewelry				
29. Collectibles				

<b>RETIREMENT ASSETS</b>	<b>Holder/Custodian</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>	<b>Balance</b>
<b>List Address of Holder</b>				
<b>30. Total personal (lines 23-29)</b>	-----	-----	----->	
<b>31. TOTAL ASSETS</b> (Add lines 11, 15, 22 & 30)	-----	-----	----->	

<b>DEBTS/LIABILITIES</b>	<b>NAME AND ADDRESS OF CREDITOR and ACCOUNT NUMBER (If applicable)</b>	<b>AMOUNT</b>
32. Credit Card Debt:		
33. Consumer Debt		
34. Business Debt		
35. Home Mortgage		
36. Rental-Property Mortgage		
37. Medical Bills		
38. Funeral/Burial/Memorial Bills (please state if family loaned money or insurance paid the costs)		
39. Other Debt		
40. Total Debt (Add lines 32-40)	Total Debt----->	
<b>NET ESTATE</b>	<b>TOTAL</b>	
<i>Subtract line 40 from line 31</i>	Total ----->	

Is any real estate outside the state of Washington? Yes No      If yes, Where? \_\_\_\_\_

Did decedent ever make a gift to an individual person in one year in excess of \$10,000 value? Yes No

Did decedent ever file a federal gift tax return (Form 709)?  Yes  No

If yes, please bring along copies of returns.

**Part 8: ADDITIONAL INFORMATION (Continued from previous sections)**

**HEIRS LISTED IN WILL: (Name alone is sufficient if person is listed in Part 5 previously)**

	<u>Name</u>	<u>Address</u>	<u>Relation to Decedent</u>
7.			
8.			
9.			
10.			
11.			
12.			

**DECEDENT'S CHILDREN** (Please write "dec" after child's name if child is deceased)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Next child *full* name \_\_\_\_\_ Nickname: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Related to:  Decedent  Decedent & Spouse  Spouse Child's Spouse's name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

**DECEDENT'S SIBLINGS** (Please write "dec" after sibling's name if sibling is deceased.)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  Male  Female SS#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Other Number/Fax/E-mail: \_\_\_\_\_  
Residence: \_\_\_\_\_  
(Street address, City, State, Zip code)

*(For additional heirs, children, siblings, or other information, please list on additional sheets of paper and attach to this questionnaire)*