

PROBATE INFORMATION FORM

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.)

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)

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

LIQUID ASSETS	Address of Holder	Account Number	How Titled (i.e. JtwROS)	Balance
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:				
11. Total liquid Assets (add lines 1-10)	-----	-----	----->	

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

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

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

DEBTS/LIABILITIES	NAME AND ADDRESS OF CREDITOR and ACCOUNT NUMBER (If applicable)	AMOUNT
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----->	
NET ESTATE	TOTAL	
<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)