

PROBATE WORKSHEET

Information provided is held in complete confidence, and is used for the sole purpose of analyzing your legal needs in connection with a possible probate proceeding. Preparation of this worksheet is extremely helpful prior to the initial appointment with us, because if we are able to review the completed worksheet prior to your appointment, more information and value will be received during the initial consultation.

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Phone (440) 930-2826

Fax: (440) 930-2896

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

SOCIAL SECURITY NUMBER: _____

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

PERSONAL REPRESENTATIVE NAMED IN WILL:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SSN: _____ (Needed to obtain Tax ID Number for the estate)

RELATIONSHIP TO DECEDENT: _____

ALTERNATE NAMED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
SOCIAL SECURITY NUMBER: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____
DATE OF BIRTH, IF MINOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
SOCIAL SECURITY NUMBER: _____

CHILD # 2: _____
DATE OF BIRTH, IF MINOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
SOCIAL SECURITY NUMBER: _____

CHILD # 3 _____
DATE OF BIRTH, IF MINOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
SOCIAL SECURITY NUMBER: _____

CHILD # 4: _____
DATE OF BIRTH, IF MINOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE: _____
SOCIAL SECURITY NUMBER: _____

OTHER BENEFICIARIES:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

ASSETS:

SAFE DEPOSIT BOX:

YES: _____ NO: _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: _____ **POLICY #:** _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ **POLICY #:** _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ **POLICY #:** _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

DOCUMENTS NEEDED BY THIS OFFICE:

_____ ORIGINAL LAST WILL AND TESTAMENT

_____ DEATH CERTIFICATE (3 Certified Copies)

_____ PAID FUNERAL BILL

_____ REAL ESTATE DEEDS

_____ VEHICLE TITLES

_____ COPIES OF BILLS OR KNOWN ESTATE CREDITORS (including mailing addresses)

_____ COPIES OF ASSET ACCOUNTS (Bank, IRA, and Brokerage Account Statements, etc.)

_____ COPIES OF LIFE INSURANCE POLICIES

_____ LAST THREE (3) YEARS TAX RETURNS.