

# Probate Intake Form

Name of Decedent: \_\_\_\_\_

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

County of Residence/ Filing: \_\_\_\_\_

Age: \_\_\_\_\_

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

Formal / Summary Administration

Is there a Will? Y/N

Is there a Trust? Y/N

Has it been 2years past the Date of Death? Y/N

List of Assets:

---

---

---

---

---

---

---

---

---

---

List of Beneficiaries & Addresses:

---

---

---

---

---

---

---

---

---

---

Name of Personal Representative/ Contact: \_\_\_\_\_

Intake by: \_\_\_\_\_ HEA FAMAD WRS

Documents prepared by: \_\_\_\_\_