



PROBATE



Please provide

COPY OF THE WILL
(IF ANY) AND ANY CODICILS

DEATH CERTIFICATE
ORIGINAL, NOT PHOTOCOPIES

GRANT DEED
OF REAL ESTATE PROPERTY, IF ANY

Information about THE EXECUTOR

Name _____ MALE FEMALE

Address _____

City _____

State _____ Zip Code _____

Date of Birth ____/____/____ Driver License _____

How are you related to the deceased? _____



(____) _____ - _____



e-mail _____

Information about THE DECEASED

Name _____ MALE FEMALE

Marital status: Single

Divorced ---> Date of Divorce ____/____/____

Widowed ---> Spouse's Date of Death ____/____/____

Married ---> Spouse's name _____

Address where the deceased *resided*

City _____

State _____ Zip Code _____

Address where the deceased *passed away*

City _____

State _____ Zip Code _____

Date of Birth ____/____/____ Date of Death ____/____/____

Social Security # _____ - _____ - _____

Did decedent receive Medi-Cal? NO YES Has notice been sent? NO YES

Skip this page if the decedent passed away without a will or living trust

Information about **THE WILL**

Name of the executor _____

Date of Will ____/____/____

Witnesses

Name	Current Address	Do you know the witness?
1) _____	_____	NO YES
2) _____	_____	NO YES

Were there any codicils? NO YES - Dates: _____

Are there items listed in the will that are no longer part of the estate? NO YES

Describe the item	What happened to the asset?
_____	_____
_____	_____
_____	_____

Did decedent leave any children out of the will? NO. Please continue to next page
YES. Please continue below

Name	Age	Current Address (or date of death)
1) _____ SON DAUGHTER	_____	_____
2) _____ SON DAUGHTER	_____	_____
3) _____ SON DAUGHTER	_____	_____
4) _____ SON DAUGHTER	_____	_____

DECEDENT'S FAMILY MEMBERS

Name	Age	Relationship	Current Address OR Date of Death
		Spouse	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Son Daughter	
		Mother	
		Father	
		Sister Brother	
		Sister Brother	
		Sister Brother	
		Sister Brother	
		Sister Brother	
		Sister Brother	

DECEDENT'S FAMILY MEMBERS (CONTINUED)

Name	Age	Relationship	Current Address OR Date of Death
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Grandchild	
		Former Spouse	
		Former Spouse	
		Other (specify)	
		Other (specify)	
		Other (specify)	
		Other (specify)	
		Other (specify)	

Information about **THE DECEDENT'S ESTATE**

Real estate

Address(es)

Approx. value

\$ _____

\$ _____

\$ _____

TOTAL REAL ESTATE

\$

Total of liens/mortgages on the real property, if any \$

Vehicles and motorcycles

Year, Make and Model

VIN

Est. value

\$ _____

\$ _____

\$ _____

TOTAL VEHICLES

\$

Cash at hand

TOTAL CASH AT HAND

\$

Stocks/Bonds

Name of Stock

CUSIP #

Account #

N. of shares

Approx. value

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL STOCKS/BONDS

\$

Information about **THE DECEDENT'S ESTATE** *(continued)*

Bank Accounts

Account # 1: Name and address of Bank

Account Number Balance at Death
\$ _____

Account # 2: Name and address of Bank

Account Number Balance at Death
\$ _____

Account # 3: Name and address of Bank

Account Number Balance at Death
\$ _____

Account # 4: Name and address of Bank

Account Number Balance at Death
\$ _____

Account # 5: Name and address of Bank

Account Number Balance at Death
\$ _____

TOTAL BANK ACCOUNTS

\$

Other assets of any kind

Description of Item

Approx. value

\$ _____

\$ _____

\$ _____

TOTAL OTHER ASSETS

\$

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"

TOTAL VALUE OF ENTIRE ESTATE

\$