

**KALLEMEYN AND KALLEMEYN**  
**PROBATE INFORMATION FORM**

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office or bring it along to your scheduled appointment. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation. Please note **full legal names are required** to accurately identify all individuals named in probate proceedings.

**DECEDENT'S INFORMATION**

Decedent's Name: \_\_\_\_\_

Decedent's Address: \_\_\_\_\_

Decedent's SSN: \_\_\_\_\_

Decedent's Date of Birth: \_\_\_\_\_

Decedent's Place of Birth (City and State): \_\_\_\_\_

Decedent's Date of Death: \_\_\_\_\_

Decedent's Place of Death (City and State): \_\_\_\_\_

Did the Decedent have a Will? \_\_\_\_\_ ( Yes ) \_\_\_\_\_ ( No )

Did Decedent own any real estate at time of death? \_\_\_\_\_ ( Yes ) \_\_\_\_\_ ( No )

If Yes, please provide address and legal description, if available:

Was this real estate Decedent's homestead? \_\_\_\_\_ ( Yes ) \_\_\_\_\_ ( No )

County of Domicile at Death: \_\_\_\_\_

Was decedent a U.S. citizen? \_\_\_\_\_ ( Yes ) \_\_\_\_\_ ( No )

**DECEDENT’S MARITAL STATTUS**

Was the Decedent married at time of death? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Spouse’s Name: \_\_\_\_\_

Spouse’s SSN: \_\_\_\_\_

Spouse’s Date of Birth: \_\_\_\_\_

Did Decedent’s Spouse survive Decedent? \_\_\_\_\_ (Yes ) \_\_\_\_\_ ( No )

If not, Spouse’s Date of Death: \_\_\_\_\_

If not, at the time of Spouse’s death, Spouse and Decedent were: \_\_\_\_\_ married  
\_\_\_\_\_ divorced

**PERSONAL REPRESENTATIVE/PETITIONER INFORMATION**

Personal Representative: \_\_\_\_\_

Personal Representative’s address: \_\_\_\_\_

Personal Representative’s phone: \_\_\_\_\_

Personal Representative’s email: \_\_\_\_\_

Personal Representative’s relationship to Decedent: \_\_\_\_\_

Personal Representative’s Social Security Number: \_\_\_\_\_

**INTERESTED PARTIES’ INFORMATION**

List the names, addresses, dates of birth of decedent’s children, including any of Decedent’s children that died before the Decedent, heirs and devisees and other persons, including any known creditors. If additional space is needed, please use the back of this sheet.

NAME (FULL legal name)	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEDENT
1.			

2.			
3.			
4.			

Are *all* of the Decedent's children also children of Decedent's spouse? \_\_\_\_\_ (Yes ) \_\_\_\_\_ ( No )

If not, please state child's name and relationship below.

Does Decedent's surviving spouse have children that are not Decedent's? \_\_\_\_\_ (Yes ) \_\_\_\_\_ ( No )

If so, please explain:

Did Decedent have any children that died before Decedent?

Do you know of any disagreements that are likely to arise concerning the estate? If so, please explain:

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**MEDICAL ASSISTANCE INFORMATION**

Did Decedent receive any medical assistance payments at any time? \_\_\_\_\_ (Yes ) \_\_\_\_\_ ( No )

Did Decedent's spouse receive any medical assistance payments at any time? \_\_\_\_\_ (Yes ) \_\_\_\_\_ ( No )

**INVENTORY OF ESTATE ASSETS**

Please list any business interests, bank accounts, safe deposit boxes, financial investments, stocks and bonds, real estate, savings and checking accounts, retirement accounts, and other property the Decedent owned.

**PROBATE ASSETS**

**NON-PROBATE ASSETS**

Homestead                   \$ \_\_\_\_\_  
 Other Real Estate         \$ \_\_\_\_\_  
 Cash/Bank Accounts\*     \$ \_\_\_\_\_  
 Securities/Stocks/Bonds\* \$ \_\_\_\_\_  
 Personal Property\*       \$ \_\_\_\_\_

Joint Tenancy             \$ \_\_\_\_\_  
 Insurance                 \$ \_\_\_\_\_  
 Other pay-on-death  
 accounts                 \$ \_\_\_\_\_

\*Use totals from itemized attachment sheets

**APPROXIMATE INDEBTEDNESS\*\***             \$ \_\_\_\_\_

\*\* If you aware of any loan notes (including any mortgages), credit cards and any other indebtedness in which the Decedent’s may have had, please use the back of this sheet to list those creditors.

**ADDITIONAL INFORMATION NEEDED**

A Death Certificate must be filed with the court. Please obtain one from your County’s Vital Statistics Office or the funeral home and attach it to this form. *If you do not provide an original, you will need to pay this office to obtain one.*

If Decedent had a Will, please attach the **original** Will to this form.

If you have the Certificate of Title or Abstract of Title for any and all real property owned by Decedent, please attach it to this form – copy of first page is fine, so long as full legal description is included.

If you have a copy of Decedent’s bank account(s) or any other investment statement as of their date of death, please attach it to this form.

If you have a copy of decedent’s last tax return, please attach it to this form.

## ITEMIZED INVENTORY

### Bank Accounts

Type of Account or Plan	Institution holding Account	Value of Account at time of death	Names on Account

### Investments, Securities, Stocks, Bonds and Retirement Plans (life insurance, IRA, ROTH, pension, 401k, etc)

Type of Account or Plan	Institution holding Account	Value at time of death	Beneficiaries

### Personal Property

Item	Estimated Value
Vehicles – provide year, make & model	
	\$
	\$
	\$
	\$

Jewelry (please describe)	
	\$
	\$
	\$
Household furniture & contents (please describe)	
	\$
	\$
	\$
	\$
Other: collectibles or other items of value (please describe)	
	\$
	\$
	\$