



JACOBSEN

L A W F I R M

Probate Intake Form

Date:

Type:

Testate Intestate Ancillary Summary Admin

Client

Name:

Address:

Decedent

Name:

Date of death:

Address:

County:

Age:

Date of birth:

Social Security No.:

Tax I.D.:

Length of last illness:

Place of death:

Treating physician:

Phone no.:

Address:

Last illness debts:

Funeral expenses:

Other debts:

Summary of Estate Property

Real estate:

Personal property:

Income sources: Pension: \$ /mo. Social Security \$ /mo.
 Other \$ /mo.
 Other \$ /mo.

Life Insurance

Amounts:

Companies:

Beneficiaries:



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Bank Accounts

Bank:

Account type:

Address:

Phone no.:

Account no:

Balance:

Bank:

Account type:

Address:

Phone no.:

Account no:

Balance:

Personal Representative

Name:

Age:

Relation to
decedent:

Address:

Phone no.:

Priority: Named in will Statutory Other

Heirs, Devisees, Beneficiaries

Name:

Age:

Relation:

Address:

Name:

Age:

Relation:

Address:

Name:



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Age:
Relation:
Address:

Name:
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Special Instructions/Notes
