



Probate Worksheet

LEGACY LAW GROUP

**Providing Estate Planning & Probate Services
to Help You Protect What Matters Most.**

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Part I
Personal Information of the Decedent

Names (s) of the Decedent (all names and nicknames used or known by):

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Decedent's County of Residence:

SSN of Decedent:

Marital Status:

If divorced, Date / Place of Divorce: _____

If spouse(s) predeceased:

Name(s) of the Deceased Spouse(s) (all names and nicknames used or known by):

Spouse(s) Date(s) of Death:

Spouse(s) County(s) of Residence:

SSN(s) of Spouse(s): _____

Did decedent or any predeceased spouse receive any WA State benefits? YES NO

If YES, when: _____

Did decedent own any real property? YES NO

If YES, where:

Is there a will? YES NO

If YES, where is it? _____

Are there any other documents accompanying the Will (e.g., codicil(s), separate writings, lists)? YES NO

If YES, where: _____

Is there a safe-box? YES NO

If YES, where: _____

Real estate owned? YES NO

If YES, address:

Joint Tenancy? YES NO

If YES, with whom: _____

Other Properties:

Joint Tenancy? YES NO

If YES, with whom: _____

**Part II
Heirs**

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Relation</u>	<u>Address</u>
_____	_____	_____	_____	_____

Telephone: _____

E-mail: _____

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Relation</u>	<u>Address</u>
_____	_____	_____	_____	_____

Telephone: _____

E-mail: _____

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Relation</u>	<u>Address</u>
_____	_____	_____	_____	_____

Telephone: _____

E-mail: _____

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Relation</u>	<u>Address</u>
_____	_____	_____	_____	_____

Telephone: _____

E-mail: _____

**Part III
Personal Representative (Executor) / Administrator Information**

Name: _____
Social Security No: _____
Address: _____
Telephone: _____
E-mail: _____

**Part IV
Insurance**

Name & Address of Company: Company Name
Company Address

Policy No: _____ Beneficiary: _____
Death Benefit: \$ _____ Date Issued: _____

Name & Address of Company: Company Name
Company Address

Policy No: _____ Beneficiary: _____
Death Benefit: \$ _____ Date Issued: _____

**Part V
Investments / Other Assets**

Securities (Stocks/Bonds)

Company: _____
Certificate No: _____
No. of Shares: _____
Owner: _____
Purchase Date: _____
Value: \$ _____

Company: _____
Certificate No: _____
No. of Shares: _____
Owner: _____
Purchase Date: _____

Value: \$ _____

Bank Accounts

Bank Name: _____

Account No. _____

Type of Account (e.g., C, CD): _____

Value: \$ _____

Owner(s): _____

Bank Name: _____

Account No. _____

Type of Account (e.g., C, CD): _____

Value: \$ _____

Owner(s): _____

Pensions, Annuities, Retirement Accounts (IRA's)

Name: _____

Account No: _____

Owner: _____

Beneficiary(s): _____

Value: \$ _____

Automobiles

Owner: _____

Make/Model: _____ Year: _____ VIN# _____

Value: \$ _____

Owner: _____

Make/Model: _____ Year: _____ VIN# _____

Value: \$ _____

**Part VI
Debts**

Mortgages:

Lender: _____

Loan No. _____

Monthly Payment Date: _____

Other Debts (loans, notes, credit cards)

Lender / Creditor: _____

Account No: _____

Address: _____

Approx. Balance \$ _____

Description: _____

Lender / Creditor: _____

Account No: _____

Address: _____

Approx. Balance \$ _____

Description: _____

Lender / Creditor: _____

Account No: _____

Address: _____

Approx. Balance \$ _____

Description: _____

Last Expenses:

Funeral: _____ . \$ _____

Obituary Notice: _____ . \$ _____

Other: _____