

Jacksonville Office 3733 University Blvd. West Suite 212B Jacksonville, FL 32217 Tel: (904) 685-1200 Fax: (904) 875-4081 Jacksonville Beach Office 324 6th Ave North Jacksonville Beach, FL 32250 Tel: (904) 425-1910 Fax: (904) 875-4081

#### PROBATE INTAKE FORM

CLIENT'S NAME:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
RELATIONSHIP TO DEC	CEDENT:	
NAME OF DECEDENT	<b>:</b>	
	COUNTY:	
STATE:	ZIP CODE:	
DATE OF BIRTH:	DATE OF DEATH:	
SOCIAL SECURITY NU	MBER:	
LOCATION OF WILL,	IF ANY:	
DATE OF WILL:		
IF DECEDENT WAS SU	JRVIVED BY A SPOUSE	
SPOUSE'S NAME:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
SOCIAL SECURITY NU	MBER:	

#### IF THERE WAS A WILL

#### WHO IS THEPERSONAL REPRESENTATIVE / EXECUTORNAMED IN WILL:

NAME OF PR:			
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
RELATIONSHIP TO DECEDENT	Γ:		
ALTERNATE NAMED:			
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
RELATIONSHIP TO DECEDENT	Γ:		
]	DECEDENT'S CHIL	DREN:	
CHILD # 1:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
CHILD # 2:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		

CHILD # 3:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
CHILD # 4:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
CHILD # 5:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			
TELEPHONE:	EMAIL:		
CHILD # 6:			
DATE OF BIRTH, IF MINOR:			
ADDRESS:			
CITY:			ZIP CODE:
TELEPHONE:	EMAIL:		

# **OTHER BENEFICIARIES:**

NAME:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
RELATIONSHIP TO THE	E DECEDENT:	
DATE OF BIRTH, IF MIN	NOR:	
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
RELATIONSHIP TO THE	E DECEDENT:	
DATE OF BIRTH, IF MIN	NOR:	
NAME:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
RELATIONSHIP TO THE	E DECEDENT:	
DATE OF BIRTH, IF MIN	NOR:	
NAME:		
	STATE:	
TELEPHONE:	EMAIL:	
RELATIONSHIP TO THE	E DECEDENT:	
DATE OF BIRTH, IF MIN	NOR:	

NAME:			
			ZIP CODE:
TELEPHONE:	EM	IAIL:	
RELATIONSHIP TO THE	DECEDENT:		
DATE OF BIRTH, IF MIN	OR:		
NAME:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EM	IAIL:	
RELATIONSHIP TO THE	DECEDENT:		
DATE OF BIRTH, IF MIN	OR:		
	AS	SETS:	
SAFE DEPOSIT BOX:	YES:	NO:	LOCATION:
	REAL	ESTATE:	
ADDRESS:			
CITY:	STATE:		ZIP CODE:
COUNTY:	D	OOD VALUE: _	
HOW TITLED:			
HOMESTEAD:	YES:	N	O:
ADDRESS:			
			ZIP CODE:
HOW TITLED:			
HOMESTEAD:			O:

ADDRESS:		
CITY:	STATE:	ZIP CODE:
COUNTY:	DOD VALUE: _	
HOW TITLED:		
	YES: N	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
COUNTY:	DOD VALUE: _	
HOW TITLED:		
HOMESTEAD:	YES: N	O:

# STOCKS AND BONDS:

NAME OF COMPANY:
TYPE OF SECURITY:
HOW TITLED:
LOCATION OF CERTIFICATE:
DATE OF DEATH VALUE:
NAME OF COMPANY:
TYPE OF SECURITY:
HOW TITLED:
LOCATION OF CERTIFICATE:
DATE OF DEATH VALUE:
NAME OF COMPANY:
TYPE OF SECURITY:
HOW TITLED:
LOCATION OF CERTIFICATE:
DATE OF DEATH VALUE:
NAME OF COMPANY:
TYPE OF SECURITY:
HOW TITLED:
LOCATION OF CERTIFICATE:
DATE OF DEATH VALUE:

# **BANK ACCOUNTS:**

BANK NAME:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
BANK NAME:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
BANK NAME:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
BANK NAME:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
BANK NAME:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:

# MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
NAME OF INSTITUTION:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
NAME OF INSTITUTION:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
NAME OF INSTITUTION:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:
NAME OF INSTITUTION:
ACCOUNT NUMBER:
HOW TITLED:
DATE OF DEATH VALUE:

# U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED:			
LOCATION OF BONDS:			
TO BE CASHED:		NO	
IF YES, NAME OF TRANSFERE	E:		
DATE OF DEATH VALUE:			
MORTGA	AGES AND NOTES (RI	ECEIVABLE):	
MORTGAGOR:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TERMS OF OBLIGATION:			
DATE OF DEATH VALUE:			
MORTGAGOR:			
ADDRESS:			
CITY:			
TERMS OF OBLIGATION:			
DATE OF DEATH VALUE:			
MORTGAGOR:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TERMS OF OBLIGATION:			
DATE OF DEATH VALUE.			

# **INSURANCE ON DECEDENT'S LIFE:**

COMPANY NAME:	POLICY #:	
BENEFICIARIES NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARIES NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARIES NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARIES NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
\COMPANY NAME:	POLICY #:	
BENEFICIARIES NAMED:		
LOCATION OF POLICY:		
D. HTT OF DELITATION		

#### **ANNUITIES:**

COMPANY NAME:	POLICY #:	
BENEFICIARY NAMED:		
LOCATION OF POLICY:		
COMPANY NAME:	POLICY #:	
BENEFICIARY NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARY NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARY NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #:	
BENEFICIARY NAMED:		
DATE OF DEATH VALUE:		

# **VEHICLES:**

MODEL:	YEAR:	
HOW TITLED:		
LOCATION OF TITLE:		
DATE OF DEATH VALUE:		
MODEL:	YEAR:	
HOW TITLED:		
LOCATION OF TITLE:		
DATE OF DEATH VALUE:		
MODEL:	YEAR:	
HOW TITLED:		
LOCATION OF TITLE:		
DATE OF DEATH VALUE:		
MISCELLANEOUS PERSONAL PROPERTY:		

# DOCUMENTS NEEDED BY THIS OFFICE: DEATH CERTIFICATE PAID FUNERAL BILL REAL ESTATE DEEDS VEHICLE TITLES COPIES OF ANY BILLS/CREDITORS ADDRESSES LAST WILL AND TESTAMENT