



**BETH A.
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ELDER LAW ATTORNEY

These questions pertain to the person who passed away and also requests information about you. Do your best, but don't worry if some of the information you need to complete this form is not available to you right now. You have an appointment at: _____ on _____. Please provide us with your completed intake as early as possible before your appointment date. The intake may also be mailed or dropped off at our office. This information may also be emailed or faxed if you prefer. Please call Kelly at 239-208-3052 if you have any questions or concerns about completing this form.

PROBATE INTAKE FORM

Please Print

Decedent's Legal Name: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Social Security #: _____

Birthdate: _____ Date of death: _____

Was the decedent a U.S. Citizen? Yes ☐ No ☐

Was the decedent a Florida Resident? Yes ☐ No ☐

If decedent was survived by a spouse, please complete the following regarding the decedent's spouse:

Name: _____

Birthdate: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Is the surviving spouse a U.S. Citizen? Yes ☐ No ☐

Is the surviving spouse a Florida Resident? Yes ☐ No ☐

Did the decedent ever live in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while married to the surviving spouse?

Yes ☐ No ☐ If yes, please circle state or states.

If the decedent was divorced, please complete the following regarding the decedent's former spouse:

Name: _____

Date of divorce if known: _____

If decedent was predeceased by spouse, please complete the following regarding the decedent's spouse:

Name: _____



Birthdate: _____ Date of death: _____

City/State of death: _____

If the decedent was divorced, please complete the following regarding the decedent's former spouse:

Name: _____

Date of divorce if known: _____

Were you referred to our firm? Yes ☐ No ☐

If so, by whom? Name: _____

If not referred, what made you choose our firm? _____

Please indicate the name of the person who completed this form: _____

DECEDENT'S PERSONAL INFORMATION

Place a checkmark by any document the decedent had executed before their death.

- | | |
|--|---|
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Last Will and Testament |
| <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Health Care Surrogate |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Pre/Post Nuptial Agreement |

1. Did the decedent file income taxes with the IRS last year? Yes ☐ No ☐

2. Who prepared their tax return? _____ Phone: _____
May we speak with this person if needed? Yes ☐ No ☐

3. Who was the decedent's financial advisor? _____ Phone: _____
May we speak with this person about the decedent if needed? Yes ☐ No ☐

4. Did the decedent have a safe deposit box? Yes ☐ No ☐ If yes, what is the box number? _____
Where is it located? _____
Whose names are on the card? _____

5. Was the decedent cremated or buried? _____
Company: _____ Contract Number: _____
Does anyone need to be reimbursed for the decedent's final arrangements? Yes ☐ No ☐

If yes, the name of the person or persons to be reimbursed: _____

Amount: _____

Please provide a copy of the bill and proof of payment.

6. Was the decedent a veteran or the spouse of a veteran? Veteran ☐ Veteran's Spouse ☐ No ☐

7. Did the decedent have any pending legal issues at the time of their death? Yes ☐ No ☐

If yes, please explain: _____

8. Is anyone believed to be a beneficiary of the decedent's receiving Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other public benefits? Yes ☐ No ☐
If yes, please identify the potential beneficiary, indicate the type of benefit they receive and the amount of their benefit: _____

9. **CHILDREN**

Please list names as they would appear on legal documents. Also list children who predeceased the decedent, if any, and their children.

a) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

c) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

e) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

b) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

d) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

f) Name/Age: _____

Date of birth: _____

Address: _____

Contact number: _____

Children's names/ages: _____

10. **DECEDENT'S HEALTH INSURANCE**

Did the decedent have any of the following?

Yes ☐ No ☐ **Medicare**; If yes, did they also have **Part D** coverage? Yes ☐ No ☐

Yes ☐ No ☐ **Medicare Supplement**; If yes, list company: _____

Yes ☐ No ☐ **Private Health Insurance**; If yes, list company: _____

Yes ☐ No ☐ **Retirement Health Insurance;** If yes, list company: _____

Yes ☐ No ☐ **Prescription Coverage;** If yes, list company: _____

Yes ☐ No ☐ **Long Term Care Insurance;** If yes, list company: _____

DECEDENT'S FINANCIAL AFFAIRS

11. Did the decedent make **gifts** or **transfers** within the last 60 months greater than \$10,000 per person per year? Yes ☐ No ☐

If Yes, please complete the following: (use a separate page if necessary)

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

12. Did the decedent add a person's name to real property or other assets within the last 60 months? Yes ☐ No ☐

If yes, please complete the following: (use a separate page if necessary)

a) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

b) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

c) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

d) Gift Recipient: _____

Date of gift: _____

Value of gift or transfer: _____

13. Did the decedent have **life insurance policies**? (Do not list annuities here) Yes ☐ No ☐

If yes, please complete the following:

a) Company Name: _____

Owner: _____

Insured: _____

Beneficiary: _____

Policy Number: _____

Face Value: _____

Cash Surrender Value: _____

Contingent Beneficiary: _____

b) Company Name: _____

Owner: _____

Insured: _____

Beneficiary: _____

Policy Number: _____

Face Value: _____

Cash Surrender Value: _____

Contingent Beneficiary: _____

c) Company Name: _____

Owner: _____

Insured: _____

Beneficiary: _____

Policy Number: _____

Face Value: _____

Cash Surrender Value: _____

Contingent Beneficiary: _____

d) Company Name: _____ Policy Number: _____
 Owner: _____ Face Value: _____
 Insured: _____ Cash Surrender Value: _____
 Beneficiary: _____ Contingent Beneficiary: _____

Total Cash Surrender Values of Life Insurance: \$ _____

14. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques):

Description of property	Value	How titled?

Total Value of Personal Property: \$ _____

15. DECEDENT'S REAL ESTATE

(Please provide a copy of the deed or title for all real property)

a) Primary Residence Address: _____

Is this a manufactured home? Yes ☐ No ☐

If yes:

Does the decedent own the ground? Yes ☐ No ☐ Own a share of the park? Yes ☐ No ☐

Is the park a cooperative? Yes ☐ No ☐

Names as they appear on the deed or title: _____

Current value: _____ Purchase price: _____

Mortgage balance (if any): _____

b) Secondary Residence Address (if applicable): _____

Is this a manufactured home? Yes ☐ No ☐

If yes:

Does the decedent own the ground? Yes ☐ No ☐ Own a share of the park? Yes ☐ No ☐

Is the park a cooperative? Yes ☐ No ☐

Names as they appear on the deed or title: _____

Current value: _____

Mortgage balance (if any): _____

c) Other Real Property Owned:

i) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____

Mortgage balance (if any): _____

ii) Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____

Mortgage balance (if any): _____

Total Value of Real Estate: \$ _____

Less Outstanding Mortgages: \$ _____

Equity in Real Estate: \$ _____

16. INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 1234

Company Name: ABC Bank

How is it titled?: John Doe & Mary Doe

Beneficiary: Children of John & Mary Doe

Value: \$1,000.00 Maturity Date: 01/22/2014

a) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

b) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

c) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

d) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

e) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

f) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

g) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

h) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

i) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____

j) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____ Maturity Date: _____ Interest Rate: _____

Total Value of Intangible Assets: _____

17. RETIREMENT FUNDS
(IRAS, KEOGHS, OR 401K PLANS)

a) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____

b) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____

c) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____

d) Type of Asset: _____ Last 4 digits of Account #: _____

Company Name: _____

How is it titled? _____

Beneficiary: _____

Value: _____

Total Value of Retirement Funds: \$ _____

18. Total cash surrender value of life insurance: \$ _____

Total value of personal property: \$ _____

Total equity value of real estate: \$ _____

Total value of intangible assets: \$ _____

Total value of retirement accounts: \$ _____

TOTAL VALUE OF ALL ASSETS: \$ _____

For decedent's dying in 2018, the federal estate and gift tax exemption is \$11.2 million per individual. It was \$5.49 million for decedent's dying in 2017. If you believe the value of the decedent's assets (not just probate assets) may come close in value to limits above, let us know right away.

19. **MONTHLY INCOME**
(Please list income from all sources)

[illegible]

20. LIABILITIES

Please list all of decedent's creditors and provide copies of the bills.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Total Liabilities: \$_____

21. **INFORMATION ABOUT YOU**

Legal Name: _____

Address: _____

Email Address: _____

If the decedent had a Will, are you named in the Will as personal representative or executor/executrix? Yes ☐ No ☐ N/A ☐

If the decedent had a Will and you were NOT named to serve as personal representative, executor/executrix, who was named?

Have you ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ☐ No ☐

Have you ever been charged with fraud, arrested for or convicted of any other crimes? Yes ☐ No ☐

If Yes, please describe:

Home Phone: _____

Please be aware that a convicted felon is prohibited from serving as a personal representative in Florida. Further, in almost all full administration probates, Florida judges will require the personal representative to be bonded, despite language in the Will to the contrary. Please let the attorney know during your consultation if you believe that you may have a problem being bonded or qualifying to serve as personal representative.

Work Phone: _____

Relationship to decedent: _____

Birthdate: _____

Are you a U.S. Citizen? Yes ☐ No ☐
Are you a Florida? Yes ☐ No ☐

Please mark the box if we are not authorized to contact you, or anyone else on your behalf, via email.

No ☐

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date