



**BETH A.  
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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: _____	b) Name/Age: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
_____	_____
Contact number: _____	Contact number: _____
Children's names/ages: _____	Children's names/ages: _____
_____	_____
_____	_____
c) Name/Age: _____	d) Name/Age: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
_____	_____
Contact number: _____	Contact number: _____
Children's names/ages: _____	Children's names/ages: _____
_____	_____
_____	_____
e) Name/Age: _____	f) Name/Age: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
_____	_____
Contact number: _____	Contact number: _____
Children's names/ages: _____	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: _____         | b) Gift Recipient: _____         |
| Date of gift: _____              | Date of gift: _____              |
| Value of gift or transfer: _____ | Value of gift or transfer: _____ |
| c) Gift Recipient: _____         | d) Gift Recipient: _____         |
| Date of gift: _____              | Date of gift: _____              |
| Value of gift or transfer: _____ | 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: _____         | b) Gift Recipient: _____         |
| Date of gift: _____              | Date of gift: _____              |
| Value of gift or transfer: _____ | Value of gift or transfer: _____ |
| c) Gift Recipient: _____         | d) Gift Recipient: _____         |
| Date of gift: _____              | Date of gift: _____              |
| Value of gift or transfer: _____ | 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: _____ | Policy Number: _____          |
| Owner: _____           | Face Value: _____             |
| Insured: _____         | Cash Surrender Value: _____   |
| Beneficiary: _____     | Contingent Beneficiary: _____ |
| b) Company Name: _____ | Policy Number: _____          |
| Owner: _____           | Face Value: _____             |
| Insured: _____         | Cash Surrender Value: _____   |
| Beneficiary: _____     | Contingent Beneficiary: _____ |
| c) Company Name: _____ | Policy Number: _____          |
| Owner: _____           | Face Value: _____             |
| Insured: _____         | Cash Surrender Value: _____   |
| Beneficiary: _____     | 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.





21. **INFORMATION ABOUT YOU**

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to decedent: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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