



## PROBATE ADMINISTRATION - ESTATE INFORMATION

Name of Decedent (Include aliases):

Address:

City:  County:

State:  Zip Code:

Date of Birth:  Date of Death:

Marital Status:  Social Security:

**Residency status (check corresponding box):**

US Citizen     US Resident, if so, what State:

Non-US Resident    Country of Citizenship:

**Did the Decedent have a Will or Codicil(s) (check corresponding box):**

Yes ( Please include the original Will) or     No

**Personal Representative:**

Relationship to decedent:

Address:

City:  County:

State:  Zip Code:

Date of Birth:  Social Security:

Cell Phone:  Alt Phone:

Marital Status:  Email:

**Residency status (mark one):**

US Citizen     US Resident, if so, what State:

Non-US Resident    Country of Citizenship:

**Have you ever been convicted of a felony?:**

Yes     No (If yes, please provide info.)



**Spouse of Decedent:**

Address:

City:  County:

State:  Zip Code:

Date of Birth:  If deceased, Date of Death:

Cell Phone:  Alt Phone:

Social Security:  Email:

**Heir #1 of Decedent:**

Relationship to decedent:

Address:

City:  County:

State:  Zip Code:

Date of Birth:  Social Security:

Cell Phone:  Alt Phone:

Marital Status:  Email:

If deceased, Date of Death:

**Heir #2 of Decedent:**

Relationship to decedent:

Address:

City:  County:

State:  Zip Code:

Date of Birth:  Social Security:

Cell Phone:  Alt Phone:

Marital Status:  Email:

If deceased, Date of Death:



**Heir #3 of Decedent:**

Relationship to decedent:

Address:

City:

County:

State:

Zip Code:

Date of Birth:

Social Security:

Cell Phone:

Alt Phone:

Marital Status:

Email:

If deceased, Date of Death:

**Heir #4 of Decedent:**

Relationship to decedent:

Address:

City:

County:

State:

Zip Code:

Date of Birth:

Social Security:

Cell Phone:

Alt Phone:

Marital Status:

Email:

If deceased, Date of Death:

**Heir #5 of Decedent:**

Relationship to decedent:

Address:

City:

County:

State:

Zip Code:

Date of Birth:

Social Security:

Cell Phone:

Alt Phone:

Marital Status:

Email:

If deceased, Date of Death:



**Decedent's Real Estate in Florida:**

Address:

City:  State:  Zip Code:

County:  Date of Death Value \$:

Who is on Title:

**Will You Sell Real Estate Through the Estate?**

Yes  No      Mortg. Bal:  Yes  No      \$

Lender Contact Inf.:

**Other Assets:**

List of all assets to be included in the probate (Please provide Statements if applicable.)

Other Real Estate     Investment Account(s)     Bank Account(s)

Retirement Account(s)     Life Insurance(s)     Mobile Home     Vehicles

Other:

**Required Documents:**

Original death certificate and translation if foreign certificate

Original will and/or codicil or trust and amendment document(s) (if applicable)

Copy of valid driver's license or State Identification Card & Social Security number for personal representative & all heirs

Only if summary administration, paid funeral bill

Only if summary administration, paid last medical bill

Only if ancillary administration, exemplified copy of proceedings in another state/country

Only if intestate estate (not a spouse, parent, child or sibling of the decedent), include a family tree establishing direct relationship with decedent