

LOMMEN ABDO

MN / WI / NY

PROBATE INFORMATION SHEET

WHEN YOU HAVE COMPLETED THIS FORM, please return it to the Lommen Abdo, P.A. via fax, mail, email or bring it to your next scheduled meeting. Please be sure to provide information that is accurate and complete in all respects.

Name of Decedent: _____

Street Address, City, State, Zip: _____

County of Residence: _____ Social Security No.: _____

Date & Place of Birth: _____

Date & Place of Death: _____

Date of Will: _____ Date of Codicil: _____

Separate Writing Found: Yes _____ No _____

Name of Bank Where Safe Deposit Box Was Held: _____

If previously married: name of former spouse: _____; whether living or deceased: _____

Spouse's Name: _____

Street Address, City, State, Zip: _____

Date & Place of Birth: _____

Date & Place of Death: _____

Social Security No.: _____ Email address: _____

Home Phone No.: _____ Home Phone No.: _____

Name of Personal Rep: _____

Street Address, City, State, Zip: _____

Social Security No.: _____ Home Phone No.: _____

Relationship to Decedent: _____ Work Phone No.: _____

Email address: _____

Children of Decedent and Spouse:

1. Name: _____ 2. Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Date of Birth: _____ Date of Birth: _____

Social Security No.: _____ Social Security No.: _____

Home Phone No.: _____ Home Phone No.: _____

3. Name: _____ 4. Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Date of Birth: _____ Date of Birth: _____

Social Security No.: _____ Social Security No.: _____

Home Phone No.: _____ Home Phone No.: _____

List any children of the Decedent who are not also children of the above-named spouse:

List children of any children who died before the Decedent:

1. Name: _____ 2. Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Date of Birth: _____ Date of Birth: _____

Social Security No.: _____ Social Security No.: _____

Home Phone No.: _____ Home Phone No.: _____

Parent's Name: _____ Parent's Name: _____

3. Name: _____ 4. Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Date of Birth: _____ Date of Birth: _____

Social Security No.: _____ Social Security No.: _____

Home Phone No.: _____ Home Phone No.: _____

Parent's Name: _____ Parent's Name: _____

Other Beneficiaries:

1. Name: _____	2. Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Date of Birth: _____	Date of Birth: _____
Social Security No.: _____	Social Security No.: _____
Home Phone No.: _____	Home Phone No.: _____
Relationship: _____	Relationship: _____
3. Name: _____	4. Name: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Date of Birth: _____	Date of Birth: _____
Social Security No.: _____	Social Security No.: _____
Home Phone No.: _____	Home Phone No.: _____
Relationship: _____	Relationship: _____

Homestead Information:

Legal Description: _____

Exact Name(s) on Title: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____ Assessor's Est. Market Value: _____

Amount of Mortgage: _____ Fair Market Value: _____

Additional Real Estate Information:

Legal Description: _____

Exact Name(s) on Title: _____

County: _____ Abstract or Torrens: _____

Mortgage Holder: _____ Assessor's Est. Market Value: _____

Amount of Mortgage: _____ Fair Market Value: _____

Business and Farm Assets:

Name of Business: _____

Street Address, City State, Zip: _____

Type of Business: _____ Approximate Value of Business: _____

Name of Person Operating Business: _____

If farm property, please provide a list of machinery (with approximate value) livestock, crops, leases, etc.

Cash and Bank Accounts:

1. Amount: _____ 2. Amount: _____

Name of Bank: _____ Name of Bank: _____

Account No: _____ Account No: _____

Type of Account: _____ Type of Account: _____

Name of Joint Owner or POD: _____ Name of Joint Owner or POD: _____

3. Amount: _____ 4. Amount: _____

Name of Bank: _____ Name of Bank: _____

Account No: _____ Account No: _____

Type of Account: _____ Type of Account: _____

Name of Joint Owner or POD: _____ Name of Joint Owner or POD: _____

Securities, Stocks and Bonds:

1. Name of Company: _____

Type of Investment: _____ Total No. of Shares: _____

Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____

2. Name of Company: _____

Type of Investment: _____ Total No. of Shares: _____

Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____

3. Name of Company: _____

Type of Investment: _____ Total No. of Shares: _____

Name of Joint Owner or POD: _____ Value per Share on Date of Death: _____

Insurance:

1. Name of Company: _____
Value of Policy: _____ Payable to Whom: _____

2. Name of Company: _____
Value of Policy: _____ Payable to Whom: _____

Personal Property:

Auto Make and Model: _____ Value: _____
Joint Owner: _____

Value of Furniture and Household Goods: _____

Value of Wearing Apparel and Jewelry: _____

Value of Other Personal Property: _____

Funeral Expenses:

Name of Funeral Home: _____

Amount Owed to Funeral Home: _____

List anyone who advanced funds for funeral expenses:

Name: _____ Amount advanced: _____

Name: _____ Amount advanced: _____

Name: _____ Amount advanced: _____

Did Decedent receive Medical Assistance benefits? _____

If Decedent's spouse died first, did he/she receive Medical Assistance benefits?

Other Debts and Claims

1. Name: _____ 2. Name: _____

Street Address: _____ Street Address: _____

City, State, Zip: _____ City, State, Zip: _____

Amount of Claim: _____ Amount of Claim: _____

Reason for Claim: _____ Reason for Claim: _____

Taxes:

Date real estate taxes are next due: _____ Amount Due: _____

When did Decedent last file income tax returns? _____

Did Decedent file gift tax returns for gifts made during lifetime? _____