

Goldman.Law

### Main Office Jacksonville

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### Ponte Vedra Beach Office

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### PROBATE INTAKE FORM

CLIENT'S NAME:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
RELATIONSHIP TO DEC	CEDENT:	
NAME OF DECEDENT	:	
ADDRESS:		
CITY:	COUNTY:	
STATE:	ZIP CODE:	
DATE OF BIRTH:	DATE OF DEATH	Н:
SOCIAL SECURITY NUI	MBER:	
LOCATION OF WILL,	IF ANY:	
DATE OF WILL:		
IF DECEDENT WAS SU	RVIVED BY A SPOUSE	
SPOUSE'S NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	EMAIL:	
SOCIAL SECURITY NUI	MBER:	

# IF THERE WAS A WILL

### WHO IS THE PERSONAL REPRESENTATIVE / EXECUTOR NAMED IN WILL:

NAME OF PR:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		
RELATIONSHIP TO DECEDENT	Γ:		
ALTERNATE NAMED:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		
RELATIONSHIP TO DECEDENT	Γ:		
CHILD # 1:	DECEDENT'S CHIL		
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		
CHILD # 2:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			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:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		
CHILD # 5:			
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMAIL:		
CHILD # 6:			_
DATE OF BIRTH, IF MINOR:		SSN:	
ADDRESS:			
CITY:			
TELEPHONE:			

# **OTHER BENEFICIARIES:**

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

NAME:			
			ZIP CODE:
TELEPHONE:	EMA	IL:	
RELATIONSHIP TO THE	DECEDENT:		
DATE OF BIRTH, IF MINO	OR:		
NAME:			
ADDRESS:			
CITY:	STATE:		ZIP CODE:
TELEPHONE:	EMA	IL:	
RELATIONSHIP TO THE	DECEDENT:		
DATE OF BIRTH, IF MINO	OR:		
	ASSI	ETS:	
SAFE DEPOSIT BOX:	YES:	NO:	LOCATION:
	REAL E	STATE:	
ADDRESS:			
CITY:	STATE:		ZIP CODE:
COUNTY:	DO	D VALUE:	
HOW TITLED:			
HOMESTEAD:	YES:	NO:	:
ADDRESS:			
			ZIP CODE:
HOW TITLED:			
HOMESTEAD:	YES:		

ADDRESS:		
		ZIP CODE:
COUNTY:	DOD VALUE: _	
HOW TITLED:		
HOMESTEAD:	YES: NO	O:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
COUNTY:	DOD VALUE: _	
HOW TITLED:		
HOMESTEAD:	YES: No	0:

# 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:	YES	NO	
IF YES, NAME OF TRANSFERI	EE:		
DATE OF DEATH VALUE:			
MORTG	AGES AND NOTES (R	RECEIVABLE):	
MORTGAGOR:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TERMS OF OBLIGATION:			
DATE OF DEATH VALUE:			
MORTGAGOR:			
		ZIP CODE:	
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:		
DATE OF DEATH VALUE:		

# **ANNUITIES:**

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:		
COMPANYALAME	DOLLOW !!	
COMPANY NAME:		
BENEFICIARY NAMED:		
LOCATION OF POLICY:		
DATE OF DEATH VALUE:		
COMPANY NAME:	POLICY #·	
BENEFICIARY NAMED:  LOCATION OF POLICY:		
LOCATION OF POLICY:		
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