



LOVELAND

LAW FIRM PLLC

Confidential

**Probate
Intake Form**



LOVELAND

LAW FIRM PLLC

Dear Potential Client,

Please accept our condolences for the loss of your loved one. We recognize this is a difficult time and we appreciate you placing your trust in our Firm and for allowing our attorneys to assist your family.

Please complete the attached Probate Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and properly assist you.

Once you have completed the form, please return it to our office via our client portal, mail, e-mail, or facsimile. If you have not done so already, please schedule an appointment with our Firm to review your specific information. You may book an appointment online at lovelandlaw.com or contact us at (972) 418-2954 or by e-mail at info@lovelandlaw.com. Please return the completed form at least three (3) business days prior to your scheduled meeting. Please bring the Decedent's original signed Will and a certified copy of the death certificate to your meeting, if in person. Otherwise, please send copies to info@lovelandlaw.com.

Please note that all information you share with our Firm will remain confidential and is privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Warm Regards,

Loveland Law Firm

Client Information

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Driver's License Number: _____

Who referred you to Loveland Law Firm ? _____

Decedent's Information

Full Name (First/Middle/Last): _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Place of Death: _____

Was the Decedent married at the time of death? (Y/N) _____

Please list current and former spouse's names:	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

At the time of death, did the Decedent have a Will and/or Trust? (Y/N) _____

If yes, please provide the original of the Decedent's Will and Trust Agreement.

If yes, has the Will been probated? (Y/N) _____

Address & County of Residence: _____

Driver's License State & Number: _____

Did Decedent have a Premarital Agreement or Property Agreement? (Y/N) _____ *If yes, please provide a copy of the Agreement.*

Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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Name:	Date of Birth:	Gender:	Adopted: (Y/N):
Social Security Number:	Current Address:		
Date of Death (if applicable):	If deceased, please provide the names of any living children*:		
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***Including any children given up for adoption or for which parental rights have been terminated.**

Personal Representative Information

Please provide the following information of the intended Personal Representative:

Full Name:	Age:	Relation to Decedent:
Street Address:	City:	
State:	Zip Code:	Email:
Home Phone:	Cell Phone:	Work Phone:

Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Decedent at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

2. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

3. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

4. Name of Financial Institution: _____ Phone Number: _____
Address: _____
Owner(s): _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____ Beneficiaries: _____

Retirement Benefit Accounts

Please list all of Decedent's retirement accounts: 401(k), IRA, Profit Sharing, Thrift Savings, etc.

1. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

2. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

3. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

4. Company: _____ Phone Number: _____
Address: _____
Beneficiaries: _____
Account Number: _____ Account Type: _____
Approximate Value: \$ _____

Retirement Benefit Accounts (Continued)

Pension Plans

1. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

2. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

3. Company: _____ Phone Number: _____
Account Number: _____ Does the plan terminate at the death of the beneficiary? Yes No
Approximate Value: _____

Stocks and Bonds

Stocks

1. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____

2. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____

3. Company: _____ Number of shares: _____
Date Issued: _____ Book entry of certificate form: _____
Certificate No. if in certificate form: _____ Account No. if in book entry form: _____
Account Number: _____ Account Type: _____
Type of ownership: _____ Approximate Value: _____

Stocks and Bonds (Continued)

Bonds

Please provide a copy of each bond.

1.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on work/retirement related accounts:

Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes No

If yes, please provide a copy of all relevant documents

Real Estate

Please list all real estate that was owned by Trust or Decedent's name at the time of death.

This will include residences, rental property, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)
Address/Location & County:
Owner(s):
Current Value: \$ Outstanding Mortgage: \$
Is the current value based off of an appraisal or the county assessor?

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)
Address/Location & County:
Owner(s):
Current Value: \$ Outstanding Mortgage: \$
Is the current value based off of an appraisal or the county assessor?

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)
Address/Location & County:
Owner(s):
Current Value: \$ Outstanding Mortgage: \$
Is the current value based off of an appraisal or the county assessor?

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests)
Address/Location & County:
Owner(s):
Current Value: \$ Outstanding Mortgage: \$
Is the current value based off of an appraisal or the county assessor?

Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc.

Please list all tangible personal property that Decedent owned at the time of death valued individually over \$3,000.00.

1. Description: _____
Ownership (Individual/Joint/Trust): _____
Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____
Appraised Value: \$ _____ Current location of item: _____

2. Description: _____
Ownership (Individual/Joint/Trust): _____
Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____
Appraised Value: \$ _____ Current location of item: _____

3. Description: _____
Ownership (Individual/Joint/Trust): _____
Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____
Appraised Value: \$ _____ Current location of item: _____

4. Description: _____
Ownership (Individual/Joint/Trust): _____
Approximate Value: \$ _____ Has the item been appraised?: (Y/N) _____
Appraised Value: \$ _____ Current location of item: _____

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

Decedent's Life Insurance Policies

Please provide the following information for all of Decedent's insurance policies. Also, please provide the policy documentation to us as well.

Policy No. 1

Life Insurance Company: _____

Account No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal

Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____

Policy No. 2

Life Insurance Company: _____

Account No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal

Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____

Policy No. 3

Life Insurance Company: _____

Account No.: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Type of Policy: Term Whole/Universal

Accidental/Travel

Death Benefit: \$ _____

Cash Value: \$ _____

Is there any loan against the policy? (Y/N) _____

If "yes", how much? \$ _____

Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

Personal Attorney:

Firm Name:

Address:

Phone:

Financial Planner:

Company Name:

Address:

Phone:

Accountant:

Company Name:

Address:

Phone:

Funeral Home:

Address:

Phone:

Notes Continued

*Home office &
mailing address*

FRISCO

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