

**PROBATE AND/OR TRUST ADMINISTRATION  
INITIAL INFORMATION FORM - Detailed**

**DOCUMENTS TO BE PROVIDED TO LAWYER IF AVAILABLE:**

- A. Death Certificate.
- B. Decedent's Will, if any.
- C. Decedent's Trust, if any.

**CALL IN INFORMATION IN ADVANCE**

In addition to bringing the following documents with you to your appointment if possible, please also call in a day or two before your appointment, and let the attorney's staff know the address of any real estate in which decedent or his or her spouse has any interest, so that the attorney can obtain copies of deeds before his meeting with you.  Done

**INFORMATION NEEDED:**

**A. Decedent's Vital Statistics:**

Is there a Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Is there a Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Provide copies	<input type="checkbox"/> Will	<input type="checkbox"/> Trust	
Name as it appears on Will and/or Trust			
Decedent also known as			
Social Security Number of decedent			
Place of death, including State and County			
Residence at time of death, including State and County			
How long at residence			
Previous residence, including State and County			
Date of Birth		Date of death	
Decedent's marital status (circle one):			
single	married	legally separated	divorced      widowed

Date of decedent's most recent marriage	Place
Date of legal separation or divorce if any, or death of spouse if formerly married	
Cause of decedent's death	
Length of decedent's last illness	

**B. Personal Representative/Executor/Successor Trustee:**

Full Legal Name	
Address	
Phone	SS No.

**C. Decedent's Spouse:**

Spouse's name
SS No.
Spouse's residence
Date and place of spouse's death, if deceased.

**D. Decedent's Will and/or Trust:**

Did decedent leave a Will? (check one):    yes ___            no ___
Date
Original Will provided to attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Did decedent leave a Trust? (check one):    yes ___            no ___
Date
Original Trust provided to attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Known beneficiaries named in Will and/or Trust (state age if minors): (Attach separate list if not sufficient space)

Name/Address	SS No.
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**E. Heirs at Law:**

Children (or grandchildren for any child already deceased) (state age if minors). If no decedents, give decedent's parents' names if still living. If no living decedent's parent, discuss with lawyer.

(Attach separate list if not sufficient space)

Name/Address	SS No.
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**F. Need for Special Administrator:**

Does an emergency exist with respect to any estate assets (such as decedent's business, pending closings, perishable asset, etc.)?

**G. Immediate Need for Funds:**

Does the surviving spouse or other successor need immediate funds?

**H. Perishable Property:**

Does the estate include any perishable property?

Are there indoor and/or outdoor pets or other animals that need care?

If arrangements have been made, what are they?

**I. Emergencies or Immediate Problems:**

Any payments due on installment obligations?
What?
Any other critical due dates or action dates?
What?

**J. Status of Residence:**

Are decedent's residence and contents secure? Check any of the following that have been done (and take any such steps that seem reasonable in the circumstances).																								
Are there mortgage payments to be made?																								
Are the mortgage payments being made? If so, by whom, and how?																								
<table><tr><td>_____</td><td>Stopping or forwarding mail</td></tr><tr><td>_____</td><td>Stopping newspapers</td></tr><tr><td>_____</td><td>Changing locks</td></tr><tr><td>_____</td><td>Safekeeping valuables</td></tr><tr><td>_____</td><td>Lawn care</td></tr><tr><td>_____</td><td>Lighting at night</td></tr><tr><td>_____</td><td>Person to contact for security system</td></tr><tr><td>_____</td><td>Paying utilities and keeping pipes from freezing</td></tr><tr><td>_____</td><td>Finding appropriate care for any animals at home</td></tr><tr><td>_____</td><td>Has insurance coverage of residence been confirmed after death</td></tr><tr><td>_____</td><td>Has insurance coverage of contents been confirmed after death</td></tr><tr><td>_____</td><td>Other</td></tr></table>	_____	Stopping or forwarding mail	_____	Stopping newspapers	_____	Changing locks	_____	Safekeeping valuables	_____	Lawn care	_____	Lighting at night	_____	Person to contact for security system	_____	Paying utilities and keeping pipes from freezing	_____	Finding appropriate care for any animals at home	_____	Has insurance coverage of residence been confirmed after death	_____	Has insurance coverage of contents been confirmed after death	_____	Other
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Is the residence occupied? If so, by whom?																								
Are rent payments being made to the estate? If so, what is the rent?																								
Is there a lease or other rental agreement? If so, please provide copy.																								

**K. Property Outside County or State of Oregon:**

Did decedent own any property in any state or county other than that of last domicile? Yes ___ No ___
Where? Address, if known, including State and County

**L. Preliminary Listing of Assets:**

To the best of your belief, please provide the following information, so that we can make the initial probate filing.

<b>Category</b>	<b>Probable Total Value</b>
Cash on hand	
Checking accounts	
Savings accounts	
Common stocks	
Preferred stocks	
Closely held corporations	
Federal notes and bonds	
U.S. savings bonds	
Municipal bonds	
Corporate bonds	
Certificates of deposit	
Debit instruments	
Residences	
Other real property	
Household goods and furnishings	
Miscellaneous personal property	
Refunds	
Accrued income	
Miscellaneous property	

Automobiles	
Other	
Total	

**M. Decedent's Professional Advisors, If Known:**

Accountant's name and address
Stockbroker's name and address
Trustee's name and address
Insurance agent's name and address
Other professional advisors' names and addresses:

**N. Safe-Deposit Box:**

Did decedent have access to a safe-deposit box?    Yes ____    No ____
Please provide details.

**O. Burial Allowance and Other Death Benefits:**

Has the funeral home applied for social security or other burial allowances? Yes _____ No _____
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Are there any private death benefit or burial/funeral accounts or insurance policies?

**P. Status of Casualty Insurance:**

Are the house and all other real or personal property belonging to the estate adequately insured in the event of fire, theft, loss, or natural disaster?

Has the homeowner's insurance agent been notified of decedent's death?

Is the insurance still in effect now that the decedent has passed on?

Are all other insurance agents (car, boat, other property, etc), been notified of decedent's death?

Is the insurance still in effect now that the decedent has passed on?

Who is the insured on the house?

Who (Company and Agent) is insuring the house?

Who is the insured on the contents of the house?

Who (Company and Agent) is insuring the contents of the house?

Who is the insured for any vehicles?

Who (Company and Agent) is insuring the vehicles?

**Q. Status of Automobile:**

Is the decedent's automobile jointly owned? If so, with who?

If no surviving joint owner, secure automobile and discuss with lawyer.

Determine whether insurance is current and whether it terminated at the decedent's death. Please provide details

**R. Status of Investments:**

Are any land sale contract installments due to be paid?
Are any land sale contract installments due to be received?
Are any asset purchase payments due?
Are there any options in existence?
Are there due dates or critical option dates?

**S. Status of Business:**

Did the decedent own a business?
Is the business still operating? Discuss.

**T. Status of Income Tax Returns:**

Have all prior individual tax returns of decedent been filed? _____
Tax year covered by last return:

**U. Debts**

_____	Mortgage
_____	Insurance
_____	Notes
_____	Credit Cards
_____	Income Tax
_____	Other Tax
_____	Other