

WELLER LAW, LLC

One South Church Street
Suite 202
Belleville, IL. 62220

PROBATE & ESTATE ADMINISTRATION INTAKE FORM

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **DATE OF DEATH:** _____

SOCIAL SECURITY NUMBER: _____

Will

No Will

*Attach Copy of Will

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

EXECUTOR NAMED IN WILL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT _____

ALTERNATE EXECUTOR: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DECEDENT'S PARENTS:

FATHER: _____ || LIVING

IF LIVING:

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

MOTHER: _____ || LIVING

IF LIVING:

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DECEDENT'S SIBLINGS:

SIBLING # 1: _____ || LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SIBLING # 2: _____ || LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SIBLING # 3: _____ || LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 2:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CHILD # 3:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DECEDENT'S GRANDCHILDREN:

GRANDCHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GRANDCHILD # 2:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GRANDCHILD # 3: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GRANDCHILD #4: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GRANDCHILD # 5:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

OTHER BENEFICIARIES: (typically named in will)

NAME #1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME #2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME #3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

ASSETS:

SAFE DEPOSIT BOX: YES: NO:

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: NO:

OTHER REAL ESTATE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

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: _____

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: _____

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: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES: NO:

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

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: _____

DEBTS:

COMPANY NAME: _____

ACCOUNT #: _____

AMMOUNT OWED: _____

ADDITIONAL NAMED DEBTORS: _____

PROVIDE COPY OF BILL:

COMPANY NAME: _____
ACCOUNT #: _____
AMMOUNT OWED: _____
ADDITIONAL NAMED DEBTORS: _____
PROVIDE COPY OF BILL:

COMPANY NAME: _____
ACCOUNT #: _____
AMMOUNT OWED: _____
ADDITIONAL NAMED DEBTORS: _____
PROVIDE COPY OF BILL:

COMPANY NAME: _____
ACCOUNT #: _____
AMMOUNT OWED: _____
ADDITIONAL NAMED DEBTORS: _____
PROVIDE COPY OF BILL:

COMPANY NAME: _____
ACCOUNT #: _____
AMMOUNT OWED: _____
ADDITIONAL NAMED DEBTORS: _____
PROVIDE COPY OF BILL:

ANNUITIES:

COMPANY NAME: _____ Policy #: _____
BENEFICIARIES NAMED: _____
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: _____

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