

LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 North Tamiami Trail, Second Floor

Naples, Florida 34103

(239) 262-5303

Facsimile (239) 262-6030

conrad@swfloridalaw.com

www.swfloridalaw.com

ESTATE INTAKE FORM

NAME OF DECEDENT: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Location of Will, if any: _____ Date of Will: _____
Location of Codicil, if any: _____ Date of Codicil: _____

****Pursuant to Florida Statute, convicted felons may not be Personal Representative, and non-residents may not be Personal Representative unless they are related to the decedent.*

Petitioner/Personal Representative Named in Will: _____

Address: _____ City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Relationship to Decedent: _____
Telephone Number: _____ Email Address: _____

Alternative Personal Representative Named: _____

Address: _____ City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Relationship to Decedent: _____

BENEFICIARIES

Decedents Spouse: _____

Address: _____ City: _____ State: _____ Zip Code: _____

CHILDREN

1. _____ 2. _____

Address: _____ Address: _____

Email: _____ Email: _____

3. _____ 4. _____

Address: _____ Address: _____

Email: _____ Email: _____

OTHER BENEFICIARIES

1. _____ 2. _____

Address: _____ Address: _____

Email: _____ Email: _____

3. _____
Address: _____

Email: _____

4. _____
Address: _____

Email: _____

ASSETS

An asset for probate is one which is solely in the Decedents name. Any asset under joint names and assets which have a Payable on Death (POD) should not be listed. However, if you would like assistance regarding assets that were jointly owned please check the box. []

Safe Deposit Box: Yes: ____ No: ____ Location: _____

REAL ESTATE (Please attach Deeds)

Address: _____ City: _____ State: _____ Zip Code: _____
DOD Value: _____ How Titled: _____ Homestead: Yes: _____ No: _____

Address: _____ City: _____ State: _____ Zip Code: _____
DOD Value: _____ How Titled: _____ Homestead: Yes: _____ No: _____

Address: _____ City: _____ State: _____ Zip Code: _____
DOD Value: _____ How Titled: _____ Homestead: Yes: _____ No: _____

FINANCIAL ASSETS (Please attach relevant financial documents)

Financial assets encompass: Stocks, Bonds, Bank Accounts, Money Market Accounts, Certificates of Deposit (CD's), U.S Government Savings Bonds, Notes Receivable, and Mortgages Receivable.

Name of Institution: _____ Account Number: _____
How Titled: _____ DOD Value: _____

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INSURANCE AND ANNUITIES
(without beneficiaries)

Company Name: _____ Policy # _____ Beneficiaries Names: _____
_____ Location of Policy: _____ DOD Value: _____

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_____ Location of Policy: _____ DOD Value: _____

VEHICLES (Please Attach Title)

Make: _____ Model: _____ Year: _____
How Titled: _____ DOD Value: _____

Make: _____ Model: _____ Year: _____
How Titled: _____ DOD Value: _____

KNOWN CREDITORS (Please attach Bills)

Was the Decedent on Medicaid: Yes: _____ **No:** _____ **Amount Owed (if known):** _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

Company Name: _____
Address: _____ Amount Owed: _____

DOCUMENTS NEEDED BY ATTORNEY

- _____ DEATH CERTIFICATE
- _____ PAID FUNERAL BILL
- _____ REAL ESTATE DEEDS
- _____ VEHICLE TITLES
- _____ FINANCIAL DOCUMENTATION
- _____ COPIES OF ANY BILLS/CREDITORS ADDRESSES
- _____ ORIGINAL LAST WILL AND TESTAMENT

***We do not search for unclaimed property. It is a good practice for all Personal Representatives and/or Trustees to search Florida's unclaimed property website at www.fltreasurehunt.org