

**HOENE & WORRELL
PROBATE INFORMATION FORM**

DECEDENT INFORMATION

Decedent's Full Name _____

Decedent's Maiden Name or previous legal names _____

Social Sec. No. _____ County of Residence _____

Date of Birth _____ Date of Death _____

Place of Birth (city & state) _____

Place of Death (city & state) _____

Mailing Address (if different from homestead)

Decedent's Marital Status: ___ Married ___ Single/Never Married ___ Divorced ___ Widowed

SPOUSE INFORMATION (As Applicable)

Spouse's Full Name _____

Spouse's Maiden Name or previous legal names _____

Spouse's Social Sec. No. _____ County of Residence _____

Spouse Date of Birth _____ Spouse Date of Death _____

Place of Birth (city & state) _____

Place of Death (city & state) _____

Mailing Address (if different from homestead)

_____ Was There a Probate? _____ Did Spouse have one or more trusts?

Did decedent or spouse receive Medical Assistance? _____

If decedent was previously married, name of prior spouse and date of divorce or death _____

DECEDENT FAMILY INFORMATION

Children's Names (both living and deceased)	Date of Birth	Mailing Address or Date of Death
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Are any of the above named children from a previous marriage or children of someone other than the Decedent's spouse at the time of their passing? If so, please indicate the names of their other parent and the current relationship of the parent to the Decedent

If any of the above named children are deceased, provide the name of their children (the Decedent's grandchildren)

PERSONAL REPRESENTATIVE

Proposed Personal Representative _____

Mailing Address _____

Best Contact Phone Number _____

Email Address _____ Social Security # _____
(required for Estate to receive Tax ID #)

Personal Representative's relationship to Decedent _____

Did the Decedent have a Will? _____ Do you have the original will? _____

If not, where is it? _____

Date of Last Will _____ Date of Codicil(s) (if any) _____

Name of Attorney / Law Firm that prepared the Will _____

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651-222-2838 / 651-222-6826 (fax)

Email – Probate@probate.mn

REAL PROPERTY

Homestead – Address: _____

- a. Names of all owners _____
- b. Approximate market value of homestead \$ _____
- c. Nature and amount of any mortgage, contract for deed, etc. _____
- d. Is anyone currently residing in the homestead? _____
- e. Name & relationship _____
- f. Name of homeowners insurer? _____

Did decedent own any other real estate? _____. If so, please list the following:

- a. Address: _____ Approx. market value \$ _____
- b. Names of all owners: _____
- c. Nature and amount of any mortgage, contract for deed, etc. _____

CHECKING AND SAVINGS:

Name of Primary Bank _____ Checking or Savings _____

Balance on Date of Death \$ _____

Name(s) appearing on most recent Statement: _____

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? _____

Name of Secondary Bank _____ Checking or Savings _____

Balance on Date of Death \$ _____

Name(s) appearing on most recent Statement: _____

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? _____

Name of Other Bank _____ Checking or Savings _____

Balance on Date of Death \$ _____

Name(s) appearing on most recent Statement: _____

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Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? _____

INVESTMENT ACCOUNTS

Decedent's Financial Advisor: _____ Phone: _____

Decedent's Primary Financial Services Firm Balance on Date of Death

_____ \$ _____

(where account(s) located)

Name that appears on Account Statements (Decedent / Decedent & Spouse / Trustee, etc.)

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), Designated Beneficiary?

_____ (if known)

Qualified Account ? (IRA/Roth IRA/401K etc.) _____

Decedent's Secondary Financial Services Firm Balance on Date of Death

_____ \$ _____

(where account(s) located)

Name that appears on Account Statements (Decedent / Decedent & Spouse / Trustee, etc.)

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), Designated Beneficiary?

_____ (if known)

Qualified Account ? (IRA/Roth IRA/401K etc.) _____

DEBTS

To the best of your ability, please provide an estimate of the decedent's debt. Do not include any secured obligations such as a home loan with a mortgage, car loan, etc. \$_____

LIFE INSURANCE

Decedent's Life Insurance:

- a. Name of Company _____
 b. Policy # _____ Amount \$ _____
 c. Primary Beneficiary(ies) _____
 d. Secondary Beneficiary(ies) _____

- a. Name of Company _____
 b. Policy # _____ Amount \$ _____
 c. Primary Beneficiary(ies) _____
 d. Secondary Beneficiary(ies) _____

- a. Name of Company _____
 b. Policy # _____ Amount \$ _____
 c. Primary Beneficiary(ies) _____
 d. Secondary Beneficiary(ies) _____

Is decedent entitled to any pension/profit sharing proceeds? _____

If so, please give approximate value: \$ _____

15. Personal Property – describe and give a value of any items of substantial value, such as works of art, jewelry, coin collections, etc.

Description	Approx. Value	Current Location
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FAMILY TREE

Please complete the following information which is used to provide notice to Interested Persons as required by the Minnesota Probate Code and/or the Minnesota General Rules of Practice:

Name & Mailing Address	Relationship to Decedent	Birthdate if Minor or Date of Death if Deceased
_____	Mother	_____

_____	Father	_____

_____	Brother/Sister	_____

_____	Brother/Sister	_____

_____	Brother/Sister	_____

_____	Brother/Sister	_____

_____	Brother/Sister	_____
