

PROBATE INITIAL INTERVIEW SHEET

1. Date: _____

2. DECEDENT INFORMATION:

Name: _____

a/k/a _____

Address _____

Social Security No. _____

Age _____

Date of Death _____

Place of Death _____

Florida Resident () yes () no

3. PERSONAL REPRESENTATIVE:

Name _____

Address _____

Telephone: (h) _____

(w) _____

Social Security No. _____

Date of Birth _____

4. BENEFICIARIES:

A. Name _____

Address _____

Telephone (h) _____ / (w) _____

Social Security No. _____

Date of Birth _____

B. Name _____

Address _____

Telephone (h) _____ / (w) _____

Social Security No. _____

Date of Birth _____

C. Name _____

Address _____

Telephone (h) _____ / (w) _____

Social Security No. _____

Date of Birth _____

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5. ASSETS:

A. Real Property _____

Legal Description _____

Parcel No. _____

Title Policy _____

Homestead () yes () no

Approx. FMV _____

B. Bank/Credit Union Accounts:

i. Bank _____

Telephone _____

Acct. No. _____

ii. Bank _____

Telephone _____

Acct. No. _____

iii. Bank _____

Telephone _____

Acct. No. _____

iv. Bank _____

Telephone _____

Acct. No. _____

C. Stocks and Bonds/Mutual Funds/Investments:

Name _____

Cusip or cert. # _____

Broker or contact agent _____

Name _____

Cusip or cert. # _____

Broker or contact agent _____

Name _____

Cusip or cert. # _____

Broker of contact agent _____

D. Life Insurance/Annuities/IRA's

Name _____

Address _____

Account _____

E. Vehicles:

Type of Vehicle _____

VIN # _____

Lien _____

Owner/Title _____

Type of Vehicle _____

VIN # _____

Lien _____

Owner/Title _____

F. Personal Property:

Safe Deposit Box _____
Bank location _____
Furnishings _____

Collections _____
Other (boats, jewelry, antiques, etc.) _____

Safe Deposit Box _____
Bank location _____
Furnishings _____

Collections _____
Other (boats, jewelry, antiques, etc.) _____

Safe Deposit Box _____
Bank location _____
Furnishings _____

Collections _____
Other (boats, jewelry, antiques, etc.) _____

6. CREDITORS

Name _____
Address _____

Amount Owed _____

Name _____
Address _____

Amount Owed _____

Name _____

Address _____

Amount Owed _____

Name _____

Address _____

Amount Owed _____

7.

Testate or Intestate _____

Last Will & Testament location _____

Self-proving _____

8.

Fees/Costs Agreement _____
