

*Ramunno Law Firm, P.A*

**Confidential**

**Probate  
Intake Form**

**Dear Client,**

Please accept our condolences for the loss of your loved one. We recognize this is an emotional time and we appreciate you placing your trust in our Firm and allowing our attorneys to assist your family. Our attorneys have assisted thousands of families through these difficult times.

Quality probate administration requires a detailed review of your loved one's estate planning documents, as well as family and financial information.

Please complete the attached Probate Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs to properly carry out your loved one's final wishes. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication.

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the administration process, please contact us at (352)854-5570 or via e-mail at ramunnolaw@gmail.com.

Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve our clients and their families for beyond a lifetime.

All our best,  
Your Attorneys at Ramunno Law Firm, P.A.

# Ramunno Law Firm, P.A

Confidential Probate Intake Form

Personal and Confidential

## Client Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

## Decedent's Information

Full Name (First/Middle/Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Was the Decedent married at the time of death? (Y/N) \_\_\_\_\_

All Spouse's Name(s)	Date of Marriage	Date of Divorce/Death
----------------------	------------------	-----------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

At the time of death, did the Decedent have a Will? (Y/N) \_\_\_\_\_

*If yes, please provide the original or a copy of the Decedent's Death Certificate.*

If yes, was the Will probated? (Y/N) \_\_\_\_\_

Address of Decedent at the Time of Death: \_\_\_\_\_

# Decedent's Children

If the Decedent had children, natural or adopted, please list the following information. It is critical that you list all children regardless of the situation or relationship, including any children given up for adoption or for which parental rights have been terminated.

**Living or Deceased Children** (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

2) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

3) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

4) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

5) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Child of: \_\_\_\_\_ Adopted(Y/N): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

If deceased, please provide the names of any living children\*:

**\*Including any children given up for adoption or for which parental rights have been terminated.**

## Personal Representative Information

Please provide the following information of the intended Personal Representative:

Full Name:	Age:	Relation to Decedent:
Street Address:	City:	
State:	Zip Code:	Email:
Home Phone:	Cell Phone:	Work Phone:

## Beneficiary Information

Please list all individuals and/or charities that are listed to receive under any will. If there are more beneficiaries than will fit on this page, you may add an additional page or add to the Notes section at the end.

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

Full Name:	DOB:	Relation to Decedent:
Social Security Number:	Percentage to Receive:	
Street Address:	City:	
State:	County:	Zip Code:

## Financial and Investment Accounts

Please list all financial and investment accounts that were owned by the Decedent at the time of their death. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc. Please provide a recent statement from each account.

1. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

2. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

3. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

4. Name of Financial Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_ Beneficiaries: \_\_\_\_\_

# Retirement Benefit Accounts

Please list all of Decedent's retirement accounts such as: 401(k)s, IRAs, Profit Sharing Plans, Thrift Savings Plans, etc.

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Approximate Value: \$ \_\_\_\_\_

## Pension Plans

1. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Does the plan terminate at the death of the beneficiary? Yes  No   
Approximate Value: \_\_\_\_\_

## Stocks

1. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Number of shares: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Book entry of certificate form: \_\_\_\_\_  
Certificate No. if in certificate form: \_\_\_\_\_ Account No. if in book entry form: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Type of ownership: \_\_\_\_\_ Approximate Value: \_\_\_\_\_



## Bonds

Please provide a copy of each bond.

1.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
2.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
3.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____
4.	Date the bonds were issued: _____	Type of bond: _____
	How is the bond held? (jointly, payable on death, etc.) _____	
	Maturity date: _____	Redemption value: _____

List any additional information on other accounts:

---

---

---

## Gift Tax Return

Did the Decedent ever file a federal gift tax return?

Yes  No

If yes, please provide a copy of all relevant documents

# Real Estate

Please list all real estate that was owned by Trust or Decedent's name at the time of death.

This will include residences, rental property, commercial properties, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of the deed, please provide that as well.

1. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

2. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

3. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

4. Type: (Residence, rental, time share, vacant land, oil, and other mineral interests) \_\_\_\_\_  
Address/Location & County: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_  
Is the current value based off of an appraisal or the county assessor? \_\_\_\_\_

# Tangible Personal Property

List jewelry, artwork, furs, antiques, gold, silver, or other valuable coins, cars, boats, etc.

Please list all tangible personal property that Decedent owned at the time of death valued individually over \$5,000.

1. Description: \_\_\_\_\_

Ownership (Individual/Joint/Trust): \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

2. Description: \_\_\_\_\_

Ownership (Individual/Joint/Trust): \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

3. Description: \_\_\_\_\_

Ownership (Individual/Joint/Trust): \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

4. Description: \_\_\_\_\_

Ownership (Individual/Joint/Trust): \_\_\_\_\_

Approximate Value: \$ \_\_\_\_\_ Has the item been appraised?: (Y/N) \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_ Current location of item: \_\_\_\_\_

List any additional information regarding assets/etc. and include any copies of documents with the estimated value of each item (patent rights, copyrights, contract rights, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Decedent's Life Insurance Policies

Please provide the following information for all of Decedent's insurance policies. Also, please provide the original policy documentation to us as well.

1.

Life Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term       Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes", how much? \$ \_\_\_\_\_

2.

Life Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term       Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes", how much? \$ \_\_\_\_\_

3.

Life Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Insured: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Type of Policy:      Term       Whole/Universal

Accidental/Travel

Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Is there any loan against the policy? (Y/N) \_\_\_\_\_

If "yes", how much? \$ \_\_\_\_\_

## Decedent's Advisors

Please provide the following information for all of Decedent's advisors.

### Financial Planner:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Attorneys to contact their Financial Planner?

Yes

No

### Accountant:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) Attorneys to contact their Accountant?

Yes

No

### Life Insurance Agent:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize **our Attorneys** to contact their Life Insurance Agent?

Yes

No

### Attorney:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) OUR Attorneys to contact their Personal Attorney?

Yes

No

### Funeral Home:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client(s) authorize(s) **our Attorneys** to contact their Funeral Home?

Yes

No



