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WALTER S. JOHNSON - 1912-2002

PROBATE INTAKE FORM

Please complete this form and return it to our office by mail or scanning a copy of the completed intake form and emailing it to us. You can also print the form and handwrite your answers or you can type your answers directly into the form. Although you may not have all the information at this time, please answer the questions to the best of your ability. Your answers to these questions are necessary as it relates to any advice I may give you regarding your probate needs and is necessary for completion of any required court probate documents needed to be filed. Your information will be handled with sensitivity and kept in strict confidence. Don't hesitate to call or email me if you have questions along the way. A list of items to bring to our initial meeting, to the extent you have them, is contained on the last page of this intake form.

Estate of _____

Known aliases _____

Place of Birth _____ Date of Birth _____

Place of Death _____ Date of Death _____

Address of Decedent at date of death _____

County at date of death _____

Decedent's Social Security Number _____

Name of Spouse _____

Spouse Date of Birth _____ Spouse Social Security Number _____

Year Domicile Established in Minnesota _____

NOMINATED PERSONAL REPRESENTATIVE

Name: _____

Address: _____

Social Security Number: _____

Home Phone Number: _____ **Work Phone Number:** _____

Cell Phone Number: _____ **Email:** _____

If Named Personal Representative cannot serve, who has priority: _____

Were all children of decedent also children of surviving spouse? If not, specify: _____

Did surviving spouse have children who are NOT also children of decedent? If so, specify: _____

Did Decedent have a safe deposit box? If so, list address and other information: _____

WILL INFORMATION

Was there a Will? Yes No

Date of Will: _____ **Bond Designation:** _____

Administration Designation: Informal Formal or Undesignated

Does the Will refer to a List of Tangible Personal Property? Yes No

Was there an actual Written List of Tangible Personal Property? Yes No

If yes, date of Written List: _____

Was there a Codicil? Yes No

If yes, date of Codicil: _____

NAMES AND ADDRESSES OF INTERESTED PARTIES:

For each Spouse, Children, Siblings, and each Devisee (specific gift recipient) and Heir-at-law, list Family Relationship, (e.g. son, daughter, grandchild)

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ **Minor?** _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ Minor? _____
Phone Number: _____
Social Security Number: _____

Name: _____
Relation: _____
Address: _____
Date of Birth: _____ Minor? _____
Phone Number: _____
Social Security Number: _____

Probate/Non-Probate Assets. Probate laws in Minnesota apply to the estates of people who were residents of Minnesota at the time of their death. Probate also applies to other states' residents who own real property in Minnesota. Having a Will does not avoid probate. The need for probate depends on what property you own and whether you own it alone or with others. Some kinds of property and assets do not need to be probated. These include property owned as joint tenants, jointly held bank accounts, payable-on-death accounts, life insurance proceeds to a specific beneficiary and pension benefits with a designated beneficiary in the event you die.

DECEDENT'S ASSET INFORMATION

HOMESTEAD INFORMATION

Legal Description:

Exact Name (s) on Title: _____

Address: _____

County: _____

Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____

Assessor's Est. Market Value: _____

Fair Market Value: _____

ADDITIONAL REAL ESTATE INFORMATION

Legal Description:

Exact Name (s) on Title: _____

Address: _____

County: _____

Abstract or Torrens: _____

Mortgage Holder: _____

Amount of Mortgage: _____

Assessor's Est. Market Value: _____

Fair Market Value: _____

BUSINESS AND FARM ASSETS

Name of Business: _____
Address: _____
Type of Business: _____
Approximate Value of Business: _____
Name of Person Operating Business: _____

(If farm property, please provide list of machinery, crops, leases, etc. and approximate value.)

CASH AND BANK ACCOUNTS

Name of Bank: _____
Type of Account: _____
Account Number: _____
Balance: _____
Name(s) on the Account: _____
P.O.D.? _____

Name of Bank: _____
Type of Account: _____
Account Number: _____
Balance: _____
Name(s) on the Account: _____
P.O.D.? _____

Name of Bank: _____
Type of Account: _____
Account Number: _____
Balance: _____
Name(s) on the Account: _____
P.O.D.? _____

INVESTMENTS: SECURITIES, STOCKS, AND BONDS

Name of Company: _____
Type of Investment: _____
Name(s) on Account: _____
P.O.D.? _____
Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share on decedent's date of death.

Name of Company: _____
Type of Investment: _____
Name(s) on Account: _____
P.O.D.? _____
Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share on decedent's date of death.

Name of Company: _____
Type of Investment: _____
Name(s) on Account: _____
P.O.D.? _____
Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share on decedent's date of death.

LIFE INSURANCE INFORMATION

Name of Company: _____
Address: _____
Policy Number: _____
Date Issued: _____
Policy Value: _____
Beneficiary Information: _____

Name of Company: _____
Address: _____
Policy Number: _____
Date Issued: _____
Policy Value: _____
Beneficiary Information: _____

VEHICLES (CARS, BOATS, OTHER TITLED PERSONAL PROPERTY)

Type: _____ Make/Model: _____ Year: _____
Owner(s): _____ Est. Value: _____

Type: _____ Make/Model: _____ Year: _____
Owner(s): _____ Est. Value: _____

Type: _____ Make/Model: _____ Year: _____
Owner(s): _____ Est. Value: _____

Type: _____ Make/Model: _____ Year: _____
Owner(s): _____ Est. Value: _____

RETIREMENT ACCOUNTS (401(K), IRA), PENSIONS, ANNUITIES

Type: _____
Name: _____
Account Number: _____
Owner: _____
Value: _____
Beneficiary: _____

Type: _____
Name: _____
Account Number: _____
Owner: _____
Value: _____
Beneficiary: _____

Type: _____
Name: _____
Account Number: _____
Owner: _____
Value: _____
Beneficiary: _____

Type: _____
Name: _____
Account Number: _____
Owner: _____
Value: _____
Beneficiary: _____

OTHER ASSETS

Est. Value of Furniture/Household Goods:

Est. Value of Clothes and Jewelry:

Other Personal Property:

DECEDENT'S DEBTS

Mortgages

Lender: _____
Loan Number: _____
Loan Amount: _____
Amount Remaining: _____
Monthly Payment Amount and Due Date: _____

Lender: _____
Loan Number: _____
Loan Amount: _____
Amount Remaining: _____
Monthly Payment Amount and Due Date: _____

OTHER DEBTS

Lender/Creditor: _____
Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

Debt Description: _____
Lender/Creditor: _____
Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

Debt Description: _____
Lender/Creditor: _____
Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

Debt Description: _____
Lender/Creditor: _____
Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

Debt Description: _____
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Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

Debt Description: _____
Lender/Creditor: _____
Amount: _____
Account Number: _____
Phone Number: _____
Address: _____

MISCELLANEOUS INFORMATION

Decedent's Employer

Company Name: _____ **Phone #:** _____

Address: _____

Supervisor's Name: _____

Expected Salary to be Paid: _____

Possible Income

Does Decedent have an interest in any rental property? _____

Does Decedent expect any other income? _____

TAX INFORMATION

Date Real Estate Taxes are next Due: _____

Amount: _____

Date of Last Income Tax Filing: _____

Did Decedent ever file gift tax returns? _____

Did Decedent have a Certified Public Accountant (CPA)? Yes/No (circle one)

If yes; Company/CPA Name _____

Address/phone: _____

FUNERAL EXPENSES

Funeral Home: _____

Amount Owed: _____

Address _____

Phone Number: _____

Who paid for the funeral? _____

Amount paid? _____

LAST ILLNESS EXPENSES

Hospital: _____ **Date(s):** _____

Address: _____

Amount: _____ **How Paid:** _____

Treating Physician: _____

MEDICAL ASSISTANCE

Has Decedent or their spouse received Medical Assistance from the State of MN? Yes No

If yes, when and type of assistance: _____

Did Decedent have a pre-deceased spouse who received Medical Assistance? Yes No

If yes, Name, DOB, SSN _____

(Info for the Notice to Commissioner's Form)

IMPORTANT: WHAT TO BRING TO THE ATTORNEY-CLIENT MEETING

- **Original Will, Codicils, and any Separate Writings pertaining to these**
- **Certified copies of the Death Certificate**
- **Title Papers and Deeds for Real Estate**
- **Vehicle Titles**
- **Recent Bank Statements**
- **Insurance Policies (life, home, auto) and Retirement Account Information**
- **Creditor Information (mortgage, loans, credit cards, utilities, other bills)**
- **Last income tax return and property tax return of Decedent**
- **List of Heirs with addresses and phone numbers**
- **List of Questions Client May Have**