

**JOHNSON, LARSON & PETERSON, P.A.**

ATTORNEYS AT LAW  
~Since 1905~

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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 \_\_\_\_\_ Predeceased Spouse's Date of Death \_\_\_\_\_  
(if applicable)

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:** \_\_\_\_\_  
**Lender/Creditor:** \_\_\_\_\_  
**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