



ECKBERG
LAMMERS
ATTORNEYS AT LAW

Minnesota Probate Intake Form

DECEDENT INFORMATION

Decedent

Complete name: _____

Date of death: _____

Place of death (city, county and state): _____

Name of funeral home: _____

Social Security Number: _____

Residence at time of death (complete address): _____

Date of birth: _____

Place of birth (city, county and state): _____

Marital status at time of death: _____

Spouse(s)

*Note: Complete the following information for the spouse(s) who predeceased the decedent, as well as the surviving spouse. If a spouse has passed away, please provide death certificate. Please provide complete names. **If marriage ended in divorce, provide name only.***

Spouse #1

Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	

Spouse #2

Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	

Spouse #3

Address _____			
City	State	ZIP	_____
Date of Birth	Date of Death	_____	

Heir(s)

Note: Please provide complete names.

Name			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

Name			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

Name			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

Name			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

Name			
Address			
City	State	ZIP	
Relationship to Decedent	Date of Birth		

- Check here** if there are additional heirs.
Please list them in the "Notes" section on page 8.

Will Information

Is there a Will? Yes. No.
If yes, date of Will:

Is there a Codicil? Yes. No.
If yes, date of Codicil:

Does the Will refer to a separate writing regarding disposition of personal property? Yes. No.
If yes, is such separate writing available? Yes. No.

Was there a safe deposit box? Yes. No.
If yes, please list location:

Personal Representative(s)

Who is the nominated Personal Representative(s)? If there is no Will, who will be serving as Personal Representative?

	Name	Relationship to decedent		
Personal Rep. #1				
Address				
City	State	ZIP		
Phone	(Home)			
Phone	(Work)			
Phone	(Mobile)			
Email				

	Name	Relationship to decedent		
Personal Rep. #2 (optional)				
Address				
City	State	ZIP		
Phone	(Home)			
Phone	(Work)			
Phone	(Mobile)			
Email				

FINANCIAL INFORMATION

A financial inventory is needed to determine which assets require probate to be re-titled, and to determine which type of procedure is best used (formal or informal probate or affidavit of collection). Please list beneficiaries, pay-on death and transfer-on death designations.

Assets

Savings & Checking Accounts	List owner and any POD	Estimated Value on Date of Death
(Financial Institution)		\$
		\$
		\$
		\$

Certificates of Deposit	List owner and any POD	
(Financial Institution)		\$
		\$
		\$
		\$

Life Insurance & Annuities	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$

Stocks, Bonds & Mutual Funds	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$

Real Estate – Deeds	List owner and any TOD	
		\$
		\$
		\$
		\$

Assets (cont.)

Qualified Retirement Plans (IRA, 401K, 403B, SEP)

List beneficiaries

Estimated Value
on Date of Death

(Financial Institution)		\$
		\$
		\$
		\$

Personal Property

(approximate value, list any valuable art, collectibles, or automobiles separately)

List beneficiaries

		\$
		\$
		\$
		\$

Liabilities

	Description	Value
Creditor #1		\$
Creditor #2		\$
Creditor #3		\$
Creditor #4		\$
Creditor #5		\$

TOTAL LIABILITIES \$

Summary of Assets/Indebtedness

Probate Assets

	Value
Homestead	\$ <input type="text"/>
Other Real Estate	\$ <input type="text"/>
Cash	\$ <input type="text"/>
Securities	\$ <input type="text"/>
Other	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

Non-Probate Assets

	Value
Joint Tenancy	\$ <input type="text"/>
Insurance	\$ <input type="text"/>
Other	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

EMPLOYMENT INFORMATION

Employment Status

Decedent's employment status on date of death:

- Employed
- Unemployed
- Retired

If employed, please complete:

Employer Name	<input type="text"/>
Position	<input type="text"/>

