

Wisconsin 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:
Date of marriage:

## 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		

Marital Property				
ls there a marital pro If yes, date of da	perty agreement? te of marital property agreement:	Yes.	🗌 No.	
Has the marital prop	erty agreement been revoked or modified?	Yes.	🗌 No.	
Heir(s)				
Note: Please provid	le 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? If yes, date of Will:	Yes.	🗌 No.
Is there a Codicil? If yes, date of Codicil:	Yes.	🗌 No.
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? If yes, please list location:	Yes.	No.

### 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			
D	Name	Relationship	to decedent
Personal Rep. #2 (optional)	Name	Relationship	to decedent
Personal Rep. #2 (optional) Address	Name	Relationship	o to decedent
(optional)	Name State	Relationship	o to decedent
(optional) Address			o to decedent
(optional) Address City	State		o to decedent
(optional) Address City Phone	(Home)		o to decedent

## 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)		\$
		\$
		\$
		\$
ife Insurance & Annuities	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$
tocks, Bonds & Mutual Funds	List owner and any beneficiaries	
(Financial Institution)		\$
		\$
		\$
		\$
eal Estate – Deeds	List owner and any TOD	
		\$
		\$
		\$
		\$

#### Assets (cont.)

alified Retirement Plans A, 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	\$
Other Real Estate	\$
Cash	\$
Securities	\$
Other	\$
TOTAL	\$

#### Non-Probate Assets

	Value
Joint Tenancy	\$
Insurance	\$
Other	\$
TOTAL	\$

## EMPLOYMENT INFORMATION

### **Employment Status**

Decedent's employment status on date of death:

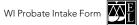
Employed

Unemployed

Retired

If employed, please complete:

Employer Name	
Position	



## NOTES





#### **Stillwater Office**

1809 Northwestern Avenue Stillwater, MN 55082 Phone: 651-439-2878 Fax: 651-439-2923

#### **Hudson Office**

430 Second Street South Hudson, WI 54016 Phone: 715-386-3733 Fax: 715-386-6456

