



PROBATE INTAKE SHEET

Information About the Decedent

Last Name First Name MI

Date of Birth Social Security Number

Last Street Address

City County State Zip Code

Date of Death Place of Death

Will?: Yes No Death Certificate?: Yes No

Has Social Security Been Notified?: Yes No When?: _____

Notified By

If the Decedent Was a Surviving Spouse

Name of Predeceased Spouse Place of Death

Was a Bypass/ QTIP Trust Established?: Yes No

If yes, who is the Trustee

Information About the Personal Representative(s)

Personal Representative's Last Name First Name MI

Street Address

City County State Zip Code

Home Phone Cell Phone Business Phone Email

Relationship to Decedent _____ PR's Social Security Number _____

If the PR is a beneficiary: Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

If There is a Co-Personal Representative

Co-Personal Representative's Last Name _____ First Name _____ MI _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____ Email _____

Relationship to Decedent _____ Co-PR's Social Security Number _____

If the PR is a beneficiary: Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

Information About Individual Beneficiaries/ Interested Persons

1.

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____ Email _____

Date of Birth _____ Social Security Number _____ Spouse's Name _____

Relationship to Decedent _____

Maryland Inheritance Tax?: Yes No

If the PR is a beneficiary: Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

2.

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____ Email _____

Date of Birth	Social Security Number	Spouse's Name	
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Relationship to Decedent

Maryland Inheritance Tax?: Yes No

Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

3.

Last Name	First Name	MI
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Street Address

City	County	State	Zip Code
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Home Phone	Cell Phone	Business Phone	Email
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Date of Birth	Social Security Number	Spouse's Name	
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Relationship to Decedent

Maryland Inheritance Tax?: Yes No

Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

4.

Last Name	First Name	MI
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Street Address

City	County	State	Zip Code
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Home Phone	Cell Phone	Business Phone	Email
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Date of Birth	Social Security Number	Spouse's Name	
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Relationship to Decedent

Maryland Inheritance Tax?: Yes No

Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

If there are additional individual beneficiaries or need additional space, please use the back of this page.

Information About Charitable Beneficiaries

1. _____
Name of Charitable Organization

Street Address

City County State Zip Code

Contact Person Phone

Email Tax ID Number

Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

2. _____
Name of Charitable Organization

Street Address

City County State Zip Code

Contact Person Phone

Email Tax ID Number

Nature of Bequest: Residuary: _____ %

Specific Nature and Type: _____

Questions About the Decedent and Beneficiaries

If you answer "YES" to any of these questions, please provide an explanation in the Comments Section directly following these questions

	<u>YES</u>	<u>NO</u>
1. Is anyone not a U.S. citizen?		
a. Decedent	<input type="checkbox"/>	<input type="checkbox"/>
b. Beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the Decedent divorced?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the Decedent ever make a taxable gift to an individual in excess of \$10,000 in one calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
4. If the answer to Questions No. 3 is YES, was a Federal Gift Tax return (Form 709) filed for these gifts?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the Decedent own real property outside the State of Maryland?	<input type="checkbox"/>	<input type="checkbox"/>

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 6. Did the Decedent own an interest in a "small" business (non-publicly traded) e.g., a "family" business, LLC, partnership or sole proprietorship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did anyone grant the Decedent a power of appointment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a beneficiary who is either under the age of 18 years or is legally disabled so that he or she cannot receive a bequest or inheritance? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "YES" answers, being as specific as you wish to be. If you have any documents that help explain these answers, please bring them to your initial consultation:

Advisors

Please list those persons whom the Decedent depended for business, accounting or financial advice in the following categories:

Accountant _____

Financial Planner _____

Life Insurance Agent _____

Other _____

Who referred you to Davis, Agnor, Rapaport & Skalny, LLC?

Name of Person (e.g. friend, accountant, financial planner)

Former Client DARS Website Newspaper Ad Internet

Other (explain): _____

Memorial Arrangements

1. Funeral Arrangements Burial Cremation

2. Organ Donor? Yes No

Special funeral, burial, memorial service or other provisions that the Decedent would like to include in his or her Will:

Revocable Living Trust

Did the Decedent establish a Revocable Living Trust during his or her lifetime? Yes No

If “yes,” provide a copy of the trust agreement, and all amendments.

ESTATE ASSETS- BOTH PROBATE AND NON-PROBATE

FOR ASSETS IDENTIFIED IN THE FOLLOWING SECTIONS, PROVIDE THE MOST RECENT STATEMENT- IF APPLICABLE

Bank Accounts, CD's, Money Market Accounts etc.

1. _____
Name of Bank or Broker Account Number Approximate Balance

Street Address of Bank or Broker

City County State Zip Code

Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

2. _____
Name of Bank or Broker Account Number Approximate Balance

Street Address of Bank or Broker

City County State Zip Code

Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

3. _____
Name of Bank or Broker Account Number Approximate Balance

Street Address of Bank or Broker

City County State Zip Code

Type of Account, e.g. checking, savings, CD, etc. Name of Joint Owner, if any POD Beneficiary, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

Brokers and Other Investment Accounts

1. _____
Name of Brokerage or Financial Institution Account Number Approximate Value

Street Address of Brokerage or Financial Institution

City County State Zip Code

Transfer on Death Beneficiary, if any Name of Joint Owner, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

2. _____
Name of Brokerage or Financial Institution Account Number Approximate Value

Street Address of Brokerage or Financial Institution

City County State Zip Code

Transfer on Death Beneficiary, if any Name of Joint Owner, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

Life Insurance Policies Owned by the Decedent

1. _____

Name of Insurance Company Policy Number Approximate Face Value

Street Address of Insurance Company

City County State Zip Code

Name of Insured Name(s) of Beneficiary

2. _____

Name of Insurance Company Policy Number Approximate Face Value

Street Address of Insurance Company

City County State Zip Code

Name of Insured Name(s) of Beneficiary

3. _____

Name of Insurance Company Policy Number Approximate Face Value

Street Address of Insurance Company

City County State Zip Code

Name of Insured Name(s) of Beneficiary

IRA, 401K or Other Pension/ Retirement Accounts Owned by the Decedent

1. _____

Name of Custodian/ Trustee Account Number Approximate Account Value

Street Address of Custodian/ Trustee

City County State Zip Code

Name of Owner Name(s) of Beneficiary

2. _____
 Name of Custodian/ Trustee Account Number Approximate Account Value

 Street Address of Custodian/ Trustee

 City County State Zip Code

 Name of Owner Name(s) of Beneficiary

3. _____
 Name of Custodian/ Trustee Account Number Approximate Account Value

 Street Address of Custodian/ Trustee

 City County State Zip Code

 Name of Owner Name(s) of Beneficiary

Addresses of All Real Property Owned By the Decedent

1. _____
 Street Address

 City County State Zip Code

 Name of Joint Owner, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

2. _____
 Street Address

 City County State Zip Code

 Name of Joint Owner, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

3. _____
 Street Address

 City County State Zip Code

 Name of Joint Owner, if any

Owned: In Individual Name In Trust Jointly (Provide Names of Joint Owners)

In LLC, Partnership or Other Entity (Provide Copies of Ownership Documents)

Other Property of the Decedent

Tangible Personal Property

Collections _____ Located Where _____

Antiques _____ Located Where _____

Jewelry _____ Located Where _____

Automobiles: 1. Year _____ Make _____ Style _____

Mileage _____ Condition, e.g. poor, fair, good, excellent _____ Names of Owner(s) on Title _____

2. Year _____ Make _____ Style _____

Mileage _____ Condition, e.g. poor, fair, good, excellent _____ Names of Owner(s) on Title _____

Family or Small Business Interests

For each business, provide copies of all corporate or partnership documents.

1. Name of Business _____ Type, e.g. LLC, Closed Corp, etc. _____

Where Jurisdiction is Established _____ Approximate Value _____

Ownership Agreement?: Yes No

2. Name of Business _____ Type, e.g. LLC, Closed Corp, etc. _____

Where Jurisdiction is Established _____ Approximate Value _____

Ownership Agreement?: Yes No

Notes Receivable to Decedent

1. Name of Obligor _____ Date of Note _____

Original Amount of Note _____ Current Balance Due _____

2. Name of Obligor _____ Date of Note _____

Original Amount of Note _____ Current Balance Due _____

ESTATE LIABILITIES

**FOR EACH DEBT, BILL OR LIABILITY, PROVIDE THE MOST RECENT REQUEST
FOR PAYMENT OR BILL**

Mortgages (First, Second or Equity Line)

1. _____
Name of Mortgage Holder

Street Address

City County State Zip Code

Property Mortgaged Date of Mortgage

Original Amount of Mortgage Current Balance Due

2. _____
Name of Mortgage Holder

Street Address

City County State Zip Code

Property Mortgaged Date of Mortgage

Original Amount of Mortgage Current Balance Due

Credit Cards

1. _____
Name(s) on Credit Card

Name of Credit Card Issuer

Street Address

City County State Zip Code

Type, e.g. Visa, MasterCard, etc. Current Balance Due

2. _____
Name(s) on Credit Card

Name of Credit Card Issuer

Street Address

City County State Zip Code

Type, e.g. Visa, MasterCard, etc. Current Balance Due

3.

Name(s) on Credit Card

Name of Credit Card Issuer

Street Address

City County State Zip Code

Type, e.g. Visa, MasterCard, etc. Current Balance Due

4.

Name(s) on Credit Card

Name of Credit Card Issuer

Street Address

City County State Zip Code

Type, e.g. Visa, MasterCard, etc. Current Balance Due

Other (not including regular monthly expenses, e.g. utilities, telephone, cable, etc.)

Federal Income Taxes Payable

Maryland Income Taxes Payable

Notes Payable

PLEASE PROVIDE A COPY OF THE MOST RECENT FEDERAL INCOME RETURN