



PROBATE

Today's date: _____

How did you hear about our services? _____

PERSONAL INFORMATION

DECEDENT:

PERSONAL REPRESENTATIVE:

Full Name:		Full Name:	
Pronouns:		Pronouns:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Email Address:		Mailing Address:	
Home Phone No:		Home Phone No:	
Cell Phone No:		Cell Phone No:	
Occupation		Occupation:	
Date of Birth:		Date of Birth:	
SSN:		SSN:	

MISCELLANEOUS FAMILY INFORMATION

(Answer as the Decedent)

Are you (or your spouse) receiving social security, disability, or other governmental benefits? Yes No

Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Yes No

If married, have you and your spouse signed a pre or postnuptial contract? Yes No

Have you (or your spouse) ever filed federal or state gift tax returns? Yes No

Do you have your ORIGINAL Trust/Will or know its location? Yes No

Are you (or your spouse) currently the beneficiary of anyone else's trust? Yes No

Do any of your children have special educational, medical, or physical needs? Yes No

Do any of your children receive governmental support or benefits? Yes No

Do you provide primary or other major financial support to adult children or others? Yes No

CHILDREN

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both Decedent only Decedent's spouse only

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both Decedent only Decedent's spouse only

Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both Decedent only Decedent's spouse only



Full legal name: _____ Nickname: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Natural Legally adopted Married Needs special care Dependent

Child of: Both Decedent only Decedent's spouse only

BENEFICIARIES OTHER THAN CHILDREN

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single Needs special care

Children (name and age): _____

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single Needs special care

Children (name and age): _____

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single Needs special care



Children (name and age): _____

POTENTIAL PERSONAL REPRESENTATIVE

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single

Full legal name: _____ Relationship to decedent: _____

Date of birth: _____ Gender: _____

Home address: _____

City: _____ State: _____ Zip code: _____

County: _____ Home telephone: _____

Married Divorced Widowed Single

ADVISORS

Name:

Telephone:

Family Attorney: _____

Accountant: _____

Financial Advisor: _____

Personal Banker: _____



Life Insurance Agent: _____

Stock Broker: _____

WORKING WITH YOUR INVESTMENT AND TAX ADVISOR. In order to provide the best total estate plan possible (choose and initial one) _____ *I do*, _____ *I do not* give permission to any representative of Gjesdahl Law, P.C. to communicate my estate planning information to, and receive personal financial information from, my investment and tax advisor(s). My advisors are:

Financial Advisor's Name: _____ Phone: _____

Tax Advisor's Name: _____ Phone: _____

Potential Personal Representative Signature

Date: _____

INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST

General Headings: This *Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and what it is worth. If you own more property than can be listed on this checklist, use additional sheets.

Type Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property How the property is owned is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

For Property Owned As:	With:	Use:
Community property	Husband and wife together (not in joint tenancy)	CP
You only	No other person. Sole and separate property.	S1
Spouse only	No other person. Sole and separate property.	S2
In trust name	Property which benefits you held in trust	T (CP, S1, S2)



Joint tenancy	A spouse	JTS
	Someone other than a spouse	JTO
Tenancy in common	A spouse	TCS
	Someone other than a spouse	TCO

BANK ACCOUNTS

Type: Checking Account “CA”, Savings Account “SA”, Certificate of Deposit “CD” *(If an account is in the decedent’s name for the benefit of a minor, please specify and give minor’s name.)*

Name of Institution	Type of Account	Owner	Amount

REAL PROPERTY

Type: Land, buildings, homes. If the decedent has an interest in land or buildings that are owned in partnership with someone other than their spouse, you should list those under the “Partnership Interests” section. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use “?” for owner.

General Description and/or Address	Owner	Fair Market Value	Mortgage/Loan



BROKERAGE AND MUTUAL FUND ACCOUNTS
(DO NOT INCLUDE RETIREMENT ACCOUNTS)

Type: Money Market “MM”, Investment “I”, Cash Management “CM”, or other account that is in a street name

Name of Brokerage Firm or Mutual Fund	Type	Owner	Amount

STOCK AND BOND CERTIFICATES
NOT IN A BROKERAGE ACCOUNT

Type: Stock in publicly owned corporations which are stock traded on an exchange or over the counter. *(Stock owners in family, or nonpublicly traded companies, should be listed under “Corporate Business Interests.” Stocks held in a street name, or investment account, should be listed under “Brokerage and Mutual Fund Accounts.”)*

Company	Owner	Number of Shares	Fair Market Value



STOCK OPTIONS

ISO/NQSO	Company	Owner	Number of Shares	Current Stock Price

TRUST DEEDS, NOTES, AND OTHER RECEIVABLES

Type: Mortgages or promissory notes payable to you; other monies owed to the decedent.

Name of Debtor	Date Due	Owed To	Payment (mo/yr)	Current Balance

PARTNERSHIP AND LLC INTERESTS

Type: General/Limited Partnerships and Limited Liability Companies. *(Please state the percentage interest you have in the partnership.)*

Partnership Name	Percentage Owned General Partner	Percentage Owned Ltd Partner/Member	Owner	Net Value



CORPORATE BUSINESS INTERESTS

Type: Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Company	Number of Shares	Buy/Sell Agreement (Y/N)	Percentage Ownership	Owner	Net Value

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Type: All of the assets used by the decedent in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value

FARM AND RANCH INTERESTS

(ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

Type: Livestock, machinery, leases, and all business assets. If the farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in the decedent's name, enter it here. Describe each asset.

Type	Owner	Value



OIL, GAS, AND MINERAL INTERESTS

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Type	Owner	Value

RETIREMENT ACCOUNTS

Type: Pension “P”, Profit Sharing “PS”, H.R. 10, IRA, SEP, 401(K), Roth.

Type	Participant	Company	Beneficiary	Value

ANTICIPATED LAWSUIT JUDGMENT

Type: Anticipated money through a judgment in a lawsuit.

Type	Amount



LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation."*)

Policy Holder	Policy Number	Company	Type	Face Value	Beneficiary	Cash Value

