



PROBATE

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

PERSONAL INFORMATION

DECEDENT:

PERSONAL REPRESENTATIVE:

|                 |  |                  |  |
|-----------------|--|------------------|--|
| Full Name:      |  | Full Name:       |  |
| 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Potential Personal Representative Signature

**INSTRUCTIONS FOR COMPLETING THE PERSONAL INFORMATION CHECKLIST**

**General Headings:** This *Personal Information Checklist* is designed to help you list all of 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 |
|---------------|---------------|---------|------|------------|-------------|------------|
|               |               |         |      |            |             |            |
|               |               |         |      |            |             |            |
|               |               |         |      |            |             |            |
|               |               |         |      |            |             |            |
|               |               |         |      |            |             |            |
|               |               |         |      |            |             |            |

