

THOMPSON, THOMPSON & GLANVILLE, PLC

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INITIAL INFORMATION FOR PROBATE ESTATES AND TRUST ADMINISTRATION

I. GENERAL INFORMATION			
Full name of decedent:			
Your relationship to decedent:			
Social Security Number:			
Date of Death:		Time of Death:	
Street address at time of death:			
City, state and zip at time of death:			
County of residence:			
Date of Birth		Age at death	
What was the marital status of the decedent?		Married	Single Divorced Widowed
Will. Did the Decedent leave a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Will _____	Date of Codicil _____
Trust. Did the Decedent leave a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Trust _____	Date of Amendment _____
Medicaid. Did the Decedent receive Medicaid (not Medicare) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:			
Personal Representative (or Trustee) Information			
FULL NAME of Personal Representative/Trustee			
Street address			
City, state and zip			
Home Phone number		Cell Phone number	
Email Address			
Personal Representative's Social Security number			
Personal Representative's Date of Birth			
Relationship of Personal Rep. to Decedent (i.e. "Heir", family relationship or other description)			
Are you named in the Will as Personal Representative or in the Trust as Trustee?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist: Items to Be Brought by Client to Initial Interview (or Sent to Attorney)

1. Decedent's **original** last will and testament and any codicils (and/or trust and amendments)
2. **Certified** copy of Death Certificate
3. As much information as is available describing decedent's assets and liabilities, such as bills, bank statements, investment reports, income tax returns, business records, real estate documents, and the like
4. Names and addresses of the following:
 - a. Decedent's spouse, if any, **and** Surviving children **and** issue of deceased children, if any
 - b. if no surviving spouse, children, or grandchildren, decedent's surviving parents
 - c. if no surviving parents, surviving brothers/sisters and the children of deceased surviving brothers/sisters
 - d. If none of the above, other living relatives and the relationship

II. INTERESTED PERSONS

Heirs (Heirs, spouse, children, and issue of any deceased children. If the decedent was not married or never had any children then the heirs would be his/her parents, if they are still living. If they are not living, the heirs would be the decedent's brothers and sisters and if any of the decedent's brother and sisters predeceased decedent, the issue of any deceased brothers and sisters, ie. The nieces and nephews from that deceased brother or sister.)

Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:			
Complete Mailing Address:			
Relationship to decedent:		Birthday if under 18	
Deceased? If yes, list their descendants information below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Devisee(s) Those parties named in the Will or Trust who are not heirs e.g. charitable organizations, non-relatives.			
Name:			
Complete Mailing Address:			
Name:			
Complete Mailing Address:			
Name:			
Complete Mailing Address:			

ATTACH ADDITIONAL SHEETS IF NECESSARY

III. ASSETS (to be probated or administered by trustee of trust) (no beneficiary or joint owner)		
Personal Property. Provide date of death copies of accounts or appraisals.		
<u>Item</u>	<u>Account Number</u>	<u>Value (at date of death)</u>
Stocks		
Bonds		
CDs		
Checking Accounts		
Savings Accounts		
Automobiles		
Household Goods and Furniture		
Investments		
Other Asset		
Other Asset		
Real Estate. Provide copies of deed(s) and tax bill as of date of death.		
<u>Address</u>	<u>Owners</u>	<u>Value</u>
Is there a mortgage, lien or other encumbrance against the property? <input type="checkbox"/> No <input type="checkbox"/> Yes: Amount \$_____		
Will the property(ies) be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the property(ies) be distributed to heirs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom?		
<u>Name:</u>	<u>Address:</u>	
IV. DEBTS (Known Creditors)		
<u>Name</u>	<u>Address</u>	<u>Amount</u>
V. TRUSTS		
If the decedent had a trust, please provide the name, address and phone number of the person who is administering it. Please also provide a copy of the Trust.		
<u>Name:</u>	<u>Address:</u>	
VI. IF ANY KNOWN PROBLEMS OR DISPUTES, PLEASE PROVIDE DETAILS:		