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These questions pertain to the person who passed away and also request information about you. Do your best, but don't worry if some of the information needed to complete this form is unavailable to you right now. You have an appointment at: _____ on _____. Please provide us with your completed intake as early as possible before your appointment date. The intake may be mailed or dropped off at our office. It may also be emailed to info@swankelderlaw.com or faxed to (239) 288-5570 if you prefer. If you choose to email the intake, please do not provide full social security or account numbers on the form. You can provide this at your appointment. Please call (239) 208-3040 if you have any questions or concerns about completing this intake.

PROBATE INTAKE FORM

Please Print

Decedent's Legal Name: _____

If decedent was survived by a spouse, please complete
the following regarding the decedent's spouse:

Social Security #: _____

Name: _____

Birthdate: _____ Date of death: _____

Birthdate: _____

Was the decedent a U.S. Citizen? Yes No

Address: _____

Was the decedent a Florida Resident? Yes No

Email Address: _____

Home Phone: _____

Cell Phone: _____

Is the surviving spouse a U.S. Citizen? Yes No

Is the surviving spouse a Florida Resident? Yes No

Did the decedent ever live in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or
Wisconsin while married to the surviving spouse? Yes No If yes, please circle state or states.

Were you referred to our firm? Yes No

If so, by whom? Name: _____

If not referred, what made you choose our firm? _____

DECEDENT'S PERSONAL INFORMATION

1. Did the decedent have a safe deposit box? Yes No If yes, what is the box number? _____
Where is it located? _____
Whose names are on the card? _____

2. Was the decedent a veteran or the spouse of a veteran? Veteran Veteran's Spouse No
3. Did the decedent have any pending legal issues at the time of their death? Yes No

If yes, please explain: _____

4. Is anyone believed to be a beneficiary of the decedent's receiving Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, or is otherwise disabled? Yes No
If yes, please identify the potential beneficiary, indicate the type of benefit they receive and the amount of their benefit: _____

CHILDREN

Please list names as they would appear on legal documents. Also list children who predeceased the decedent and identify them if deceased. Please also list the children, if any, on any deceased child. Addresses and phone numbers should be provided if you have them.

DECEDENT'S FINANCIAL AFFAIRS

11. Did the decedent have **life insurance policies**? (Do not list annuities here) Yes No
If yes, please complete the following:

a) Company Name: _____ Policy Number: _____

Owner: _____ Death Benefit: _____
 Insured: _____ Beneficiary: _____
 Contingent Beneficiary: _____

b) Company Name: _____ Policy Number: _____
 Owner: _____ Death Benefit: _____
 Insured: _____ Beneficiary: _____
 Contingent Beneficiary: _____

c) Company Name: _____ Policy Number: _____
 Owner: _____ Death Benefit: _____
 Insured: _____ Beneficiary: _____
 Contingent Beneficiary: _____

Total Death Benefit Values of Life Insurance: \$ _____

12. Please list the **personal property** that the decedent owned (cars, RVs, boats, manufactured homes, art, jewelry, antiques) at death:

Description of property	Value	How titled? (please check statements if possible.)

Total Value of Personal Property: \$ _____

15. DECEDENT'S REAL ESTATE

(Please provide a copy of the deed or title for all real property if possible)

a) Primary Residence Address: _____

Was this the decedent's Homestead? Yes or No

Is this a manufactured home? Yes or No If yes, does the decedent own the ground? Yes or No

If the decedent does not own the ground, does the decedent own a share of the park (Co-Op)?

Yes or No

Names as they appear on the deed or title: _____

Current value: _____ Mortgage balance (if any): _____

b) Secondary Residence Address (if applicable): _____

Is this a manufactured home? Yes or No If yes, does the decedent own the ground? Yes or No

If the decedent does not own the ground, does the decedent own a share of the park (Co-Op)?

Yes or No

Names as they appear on the deed or title: _____

Current value: _____ Mortgage balance (if any): _____

c) Real Property Owned:

Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Mortgage balance (if any): _____

d) Other Real Property Owned:

Address or Description: _____

Names as they appear on the deed or title: _____

Current value: _____ Mortgage balance (if any): _____

Total Value of Real Estate: \$ _____

Less Outstanding Mortgages: \$ _____

Equity in Real Estate: \$ _____

16. INTANGIBLE ASSETS

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number and provide the date of death value if known. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Asset Type: Checking
Company Name: ABC Bank

Last 4 digits of Account #: 1234
How Titled: John Doe, POD
Value*: \$25,000 as of date of death

a) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____

Value: _____

b) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

c) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

d) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

e) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

f) Asset Type: _____
Company Name: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

Total Value of Intangible Assets: _____

17. RETIREMENT FUNDS
(IRAS, KEOGHS, OR 401K PLANS)

a) Asset Type: _____
Company Name: _____
Beneficiary: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

b) Asset Type: _____
Company Name: _____
Beneficiary: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

c) Asset Type: _____
Company Name: _____
Beneficiary: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

d) Asset Type: _____
Company Name: _____
Beneficiary: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

e) Asset Type: _____
Company Name: _____
Beneficiary: _____

Last 4 digits of Account #: _____
How Titled: _____
Value: _____

Total Value of Retirement Funds: \$ _____

13. Total death benefit value of life insurance: \$ _____

Total value of personal property: \$ _____

Total equity value of real estate: \$ _____

Total value of intangible assets: \$ _____

Total value of retirement accounts: \$ _____

TOTAL VALUE OF ALL ASSETS: \$ _____

For decedent's dying in 2018, the federal estate and gift tax exemption exceeds \$11 million per individual. It was \$5.49 million for decedent's dying in 2017. If you believe the value of the decedent's assets (not just probate assets) may come close in value to the figures in this paragraph, let us know right away.

ESTIMATED DEBTS OR LIABILITIES

Please list the estimated amounts the decedent had at the time of their death other than mortgages on real estate (i.e. credit cards, medical bill, etc.)

a) _____	\$ _____
b) _____	\$ _____
c) _____	\$ _____

Total Liabilities: \$ _____

INFORMATION ABOUT YOU

<p>Legal Name: _____</p> <p>Address: _____ _____</p> <p>E-mail Address: _____ _____</p> <p>Relationship to Decedent: _____</p> <p>Date of Birth: _____</p>	<p>Have you ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>If Yes, please describe:</p>
<p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Work Phone: _____</p> <p>Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a Florida Resident? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>Please be aware that a convicted felon is prohibited from serving as a personal representative in Florida. Further, in almost all full administration probates, Florida judges will require the personal representative to be bonded, despite language in the Will to the contrary. Please let the attorney know during your consultation if you believe that you may have a problem being bonded or qualifying to serve as personal representative.</u></p>

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

