

# BRITTON G. SWANK, P.A.

*Elder Law Attorney*

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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. 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. 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:

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: \_\_\_\_\_

**5. 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.


**6. DECEDENT'S FINANCIAL AFFAIRS**

7. 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: \_\_\_\_\_

**8. Total Death Benefit Values of Life Insurance: \$ \_\_\_\_\_**

**9. 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. )

**10. Total Value of Personal Property: \$ \_\_\_\_\_**

**11. 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): \_\_\_\_\_

**12. Total Value of Real Estate:** \$ \_\_\_\_\_

**13. Less Outstanding Mortgages:** \$ \_\_\_\_\_

**14. Equity in Real Estate:** \$ \_\_\_\_\_

### **15. 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: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Value: \_\_\_\_\_
- c) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Value: \_\_\_\_\_
- d) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Value: \_\_\_\_\_
- e) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Value: \_\_\_\_\_
- f) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Value: \_\_\_\_\_

**16. Total Value of Intangible Assets:** \_\_\_\_\_

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

- a) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Value: \_\_\_\_\_
- b) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Value: \_\_\_\_\_
- c) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Value: \_\_\_\_\_
- d) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Value: \_\_\_\_\_
- e) Asset Type: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ How Titled: \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_ Value: \_\_\_\_\_

**18. Total Value of Retirement Funds:**                    \$ \_\_\_\_\_

- 19. Total death benefit value of life insurance: \$ \_\_\_\_\_
- 20. Total value of personal property: \$ \_\_\_\_\_
- 21. Total equity value of real estate: \$ \_\_\_\_\_
- 22. Total value of intangible assets: \$ \_\_\_\_\_
- 23. Total value of retirement accounts: \$ \_\_\_\_\_
  
- 24. **TOTAL VALUE OF ALL ASSETS:** \$ \_\_\_\_\_

For decedent's dying in 2021, the federal estate and gift tax exemption is \$11.7 million per individual. It was \$11.58 million for decedent's dying in 2020. 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><b><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></b></p>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

