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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.

*Do not close any accounts in the decedent's name until you meet with an attorney.*

**PROBATE INTAKE FORM**

*Please Print*

Decedent's Legal Name:

\_\_\_\_\_

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

Spouse's Legal Name:

\_\_\_\_\_

Decedent's Birthdate: \_\_\_\_\_

Decedent's Date of death: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_

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

Was the decedent a Florida Resident? Yes  No

Address: \_\_\_\_\_

\_\_\_\_\_

**Did the decedent have a spouse who died before them?**

If so, provide, complete the following:

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

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

Spouse's Date of Death: \_\_\_\_\_

Is the surviving spouse a Florida Resident? Yes  No

Spouse's State and County of Death: \_\_\_\_\_

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 FINANCIAL AFFAIRS**

6. Did the decedent have **life insurance policies**? (Do not list annuities here) Yes  No   
 If yes, please complete the information below and only list the last four digits of the policy number:

Company Name: \_\_\_\_\_ Last 4 digits of Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Company Name: \_\_\_\_\_ Last 4 digits of Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Company Name: \_\_\_\_\_ Last 4 digits of Policy Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

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

**7. SUB-PART A**

Please list the personal property the decedent owned at death: (cars, RVs, boats, manufactured homes, art, jewelry, antiques): *If an asset is a Bank Account, Bitcoin, eWallet, Social Media Account, CD, Brokerage Account, Stock, Bond, Annuity, Mutual Fund, please list it in Sub-Part B. IRA, 401K, 403B or Keogh Plans should be listed in Sub-Part C.*

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

**Total Value of Sub-Part A: \$ \_\_\_\_\_**

**8. SUB-PART B**

(Bank Accounts, Bitcoin, eWallet, Social Media 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, 403B or Keogh Plan, list it in the next 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 Sub-Part B:** \_\_\_\_\_

**9. SUB-PART C**  
(IRAS, KEOGHS, 401K or 403B 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: \_\_\_\_\_

**Total Value of Sub-Part C: \$ \_\_\_\_\_**

**10. 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 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

Is this dwelling rented or occupied? 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): \_\_\_\_\_

Is this dwelling rented or occupied? Yes  or No

d) Other Real Property Owned:

Address or Description: \_\_\_\_\_

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Mortgage balance (if any): \_\_\_\_\_

Is this dwelling rented or occupied? Yes  or No

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

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

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

**11. Total death benefit value of life insurance:** \$ \_\_\_\_\_

**Total value of Sub-Part A:** \$ \_\_\_\_\_

**Total equity value of Sub-Part B:** \$ \_\_\_\_\_

**Total value of Sub-Part C:** \$ \_\_\_\_\_

**Total value of real estate:** \$ \_\_\_\_\_

**TOTAL VALUE OF ALL ASSETS:** \$ \_\_\_\_\_

For decedent's dying in 2022, the federal estate and gift tax exemption was \$12,060,000 per individual. On January 1, 2023, the amount each person can pass through their estate without creating estate tax liability increased to \$12,920,000. If you believe the value of the decedent's assets (not just probate assets) may come close to the estate tax exemption for the year of their death, please let us know right away.

**12. 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) \_\_\_\_\_ \$ \_\_\_\_\_
- d) \_\_\_\_\_ \$ \_\_\_\_\_
- e) \_\_\_\_\_ \$ \_\_\_\_\_
- f) \_\_\_\_\_ \$ \_\_\_\_\_
- g) \_\_\_\_\_ \$ \_\_\_\_\_
- h) \_\_\_\_\_ \$ \_\_\_\_\_

**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>Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you ever been convicted in any state or foreign jurisdiction of abuse, neglect, or exploitation of an elderly person or disabled adult? Yes <input type="checkbox"/> No <input type="checkbox"/></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



