

**HOENE & WORRELL  
PROBATE INFORMATION FORM**

**DECEDENT INFORMATION**

Decedent's Full Name \_\_\_\_\_

Decedent's Maiden Name or previous legal names \_\_\_\_\_

Social Sec. No. \_\_\_\_\_ County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Place of Birth (city & state) \_\_\_\_\_

Place of Death (city & state) \_\_\_\_\_

Mailing Address (if different from homestead)

\_\_\_\_\_

Decedent's Marital Status: \_\_\_ Married \_\_\_ Single/Never Married \_\_\_ Divorced \_\_\_ Widowed

**SPOUSE INFORMATION (As Applicable)**

Spouse's Full Name \_\_\_\_\_

Spouse's Maiden Name or previous legal names \_\_\_\_\_

Spouse's Social Sec. No. \_\_\_\_\_ County of Residence \_\_\_\_\_

Spouse Date of Birth \_\_\_\_\_ Spouse Date of Death \_\_\_\_\_

Place of Birth (city & state) \_\_\_\_\_

Place of Death (city & state) \_\_\_\_\_

Mailing Address (if different from homestead)

\_\_\_\_\_

\_\_\_\_\_ Was There a Probate? \_\_\_\_\_ Did Spouse have one or more trusts?

Did decedent or spouse receive Medical Assistance? \_\_\_\_\_

If decedent was previously married, name of prior spouse and date of divorce or death \_\_\_\_\_

\_\_\_\_\_

**DECEDENT FAMILY INFORMATION**

Children's Names                      Date of Birth                      Mailing Address or Date of Death  
(both living and deceased)

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Are any of the above named children from a previous marriage or children of someone other than the Decedent's spouse at the time of their passing? If so, please indicate the names of their other parent and the current relationship of the parent to the Decedent

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If any of the above named children are deceased, provide the name of their children (the Decedent's grandchildren)

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**PERSONAL REPRESENTATIVE**

Proposed Personal Representative \_\_\_\_\_

Mailing Address \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
(required for Estate to receive Tax ID #)

Personal Representative's relationship to Decedent \_\_\_\_\_

Did the Decedent have a Will? \_\_\_\_\_ Do you have the original will? \_\_\_\_\_

If not, where is it? \_\_\_\_\_

Date of Last Will \_\_\_\_\_ Date of Codicil(s) (if any) \_\_\_\_\_

Name of Attorney / Law Firm that prepared the Will \_\_\_\_\_

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651-222-2838 / 651-222-6826 (fax)

Email – Probate@probate.mn

**REAL PROPERTY**

Homestead – Address: \_\_\_\_\_

- a. Names of all owners \_\_\_\_\_
- b. Approximate market value of homestead \$ \_\_\_\_\_
- c. Nature and amount of any mortgage, contract for deed, etc. \_\_\_\_\_
- d. Is anyone currently residing in the homestead? \_\_\_\_\_
- e. Name & relationship \_\_\_\_\_
- f. Name of homeowners insurer? \_\_\_\_\_

Did decedent own any other real estate? \_\_\_\_\_. If so, please list the following:

- a. Address: \_\_\_\_\_ Approx. market value \$ \_\_\_\_\_
- b. Names of all owners: \_\_\_\_\_
- c. Nature and amount of any mortgage, contract for deed, etc. \_\_\_\_\_

**CHECKING AND SAVINGS:**

Name of Primary Bank \_\_\_\_\_ Checking or Savings \_\_\_\_\_

Balance on Date of Death \$ \_\_\_\_\_

Name(s) appearing on most recent Statement: \_\_\_\_\_

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? \_\_\_\_\_

Name of Secondary Bank \_\_\_\_\_ Checking or Savings \_\_\_\_\_

Balance on Date of Death \$ \_\_\_\_\_

Name(s) appearing on most recent Statement: \_\_\_\_\_

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? \_\_\_\_\_

Name of Other Bank \_\_\_\_\_ Checking or Savings \_\_\_\_\_

Balance on Date of Death \$ \_\_\_\_\_

Name(s) appearing on most recent Statement: \_\_\_\_\_

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Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), provisions? \_\_\_\_\_

**INVESTMENT ACCOUNTS**

Decedent's Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Decedent's Primary Financial Services Firm Balance on Date of Death

\_\_\_\_\_ \$ \_\_\_\_\_

(where account(s) located)

Name that appears on Account Statements (Decedent / Decedent & Spouse / Trustee, etc.)

\_\_\_\_\_

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), Designated Beneficiary?

\_\_\_\_\_ (if known)

Qualified Account ? (IRA/Roth IRA/401K etc.) \_\_\_\_\_

Decedent's Secondary Financial Services Firm Balance on Date of Death

\_\_\_\_\_ \$ \_\_\_\_\_

(where account(s) located)

Name that appears on Account Statements (Decedent / Decedent & Spouse / Trustee, etc.)

\_\_\_\_\_

Joint Tenancy, Transfer on Death (TOD), Pay on Death (POD), Designated Beneficiary?

\_\_\_\_\_ (if known)

Qualified Account ? (IRA/Roth IRA/401K etc.) \_\_\_\_\_

**DEBTS**

To the best of your ability, please provide an estimate of the decedent's debt. Do not include any secured obligations such as a home loan with a mortgage, car loan, etc. \$ \_\_\_\_\_

**LIFE INSURANCE**

Decedent's Life Insurance:

- a. Name of Company \_\_\_\_\_  
 b. Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 c. Primary Beneficiary(ies) \_\_\_\_\_  
 d. Secondary Beneficiary(ies) \_\_\_\_\_

- a. Name of Company \_\_\_\_\_  
 b. Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 c. Primary Beneficiary(ies) \_\_\_\_\_  
 d. Secondary Beneficiary(ies) \_\_\_\_\_

- a. Name of Company \_\_\_\_\_  
 b. Policy # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 c. Primary Beneficiary(ies) \_\_\_\_\_  
 d. Secondary Beneficiary(ies) \_\_\_\_\_

Is decedent entitled to any pension/profit sharing proceeds? \_\_\_\_\_

If so, please give approximate value: \$ \_\_\_\_\_

15. Personal Property – describe and give a value of any items of substantial value, such as works of art, jewelry, coin collections, etc.

Description	Approx. Value	Current Location
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**FAMILY TREE**

Please complete the following information which is used to provide notice to Interested Persons as required by the Minnesota Probate Code and/or the Minnesota General Rules of Practice:

Name & Mailing Address	Relationship to Decedent	Birthdate if Minor or Date of Death if Deceased
_____	Mother	_____
_____		
_____	Father	_____
_____		
_____	Brother/Sister	_____
_____		
_____	Brother/Sister	_____
_____		
_____	Brother/Sister	_____
_____		
_____	Brother/Sister	_____
_____		
_____	Brother/Sister	_____
_____		