

2017

PROBATE INFORMATION FORM

for the exclusive use of



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All information that you provide to POSTIC & BATES using this form is confidential and protected from forced disclosure by the attorney-client privilege.

DECEDENT INFORMATION:

FULL AND LEGAL NAME: _____

DOMICILE AT DEATH (ADDRESS): _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: MALE/FEMALE

OCCUPATION: _____ PLACE OF BIRTH (CITY/STATE) _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

WAS DECEDENT A UNITED STATES CITIZEN? _____ IF NOT, LIST CITIZENSHIP: _____

MARITAL STATUS: _____ MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED

DECEDENT'S SPOUSE:

FULL AND LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: MALE/FEMALE

DATE OF BIRTH: _____ DATE OF DEATH: _____

DATE OF MARRIAGE: _____

IS THE SURVIVING SPOUSE THE PARENT OF ANY OF DECEDENT'S CHILDREN? _____

IF YES, IS THE SURVIVING SPOUSE THE PARENT OF ALL OF THE DECEDENT'S CHILDREN? _____

IF SPOUSE IS LIVING:

ADDRESS: _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S):

(Please list them in the order you prefer we use to call you)

- | | | | | | | |
|--------------------------------|-------------------------------|-------------------------------|-----------------------------------|--------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cellular | <input type="checkbox"/> Pager | <input type="checkbox"/> Fax | <input type="checkbox"/> Other |

E-MAIL ADDRESS: _____

IS SPOUSE A UNITED STATES CITIZEN? _____ IF NOT, LIST CITIZENSHIP: _____

DECEDENT'S CHILDREN

1. Child's Full and Legal Name _____

Residential Address _____
(Street Address including Apt. or Suite)

(City, State and Zip Code)

Telephone Number(s) _____

Child of: both decedent and surviving spouse decedent and _____

Child's date of birth: _____ Social Security No. _____

If child is deceased, date of death: _____

Child's spouse, if married: _____

Children of this child (Name/Age):

_____ / _____	_____ / _____
_____ / _____	_____ / _____

2. Child's Full and Legal Name _____

Residential Address _____
(Street Address including Apt. or Suite)

(City, State and Zip Code)

Telephone Number(s) _____

Child of: both decedent and surviving spouse decedent and _____

Child's date of birth: _____ Social Security No. _____

If child is deceased, date of death: _____

Child's spouse, if married: _____

Children of this child (Name and Age):

_____/_____
_____/_____

3. Child's Full and Legal Name _____

Residential Address _____
(Street Address including Apt. or Suite)

(City, State and Zip Code)

Telephone Number(s) _____

Child of: both decedent and surviving spouse decedent and _____

Child's date of birth: _____ Social Security No. _____

If child is deceased, date of death: _____

Child's spouse, if married: _____

Children of this child (Name/Age):

_____/_____
_____/_____

4. Child's Full and Legal Name _____

Residential Address _____
(Street Address including Apt. or Suite)

(City, State and Zip Code)

Telephone Number(s) _____

Child of: both decedent and surviving spouse decedent and _____

Child's date of birth: _____ Social Security No. _____

If child is deceased, date of death: _____

Child's spouse, if married: _____

Children of this child (Name and Age):

_____/_____ / _____/_____

_____/_____ / _____/_____

5. Child's Full and Legal Name _____

Residential Address _____
(Street Address including Apt. or Suite)

(City, State and Zip Code)

Telephone Number(s) _____

Child of: both decedent and surviving spouse decedent and _____

Child's date of birth: _____ Social Security No. _____

If child is deceased, date of death: _____

Child's spouse, if married: _____

Children of this child (Name and Age):

_____/_____ / _____/_____

_____/_____ / _____/_____

LIST OF OTHER HEIRS

Please provide information on all other potential heirs, including grandchildren, siblings, nieces, nephews, etc. **[IF ANY IS A MINOR, PLEASE NOTE BY WRITING "MINOR" NEXT TO THEIR NAME]:**

1. Name: _____
Relationship: _____
Address: _____

Telephone: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone: _____

4. Name: _____
Relationship: _____
Address: _____

Telephone: _____

5. Name: _____
Relationship: _____
Address: _____

Telephone: _____

6. Name: _____
Relationship: _____
Address: _____

Telephone: _____

7. Name: _____
Relationship: _____
Address: _____

Telephone: _____

8. Name: _____
Relationship: _____
Address: _____

Telephone: _____

9. Name: _____
Relationship: _____
Address: _____

Telephone: _____

10. Name: _____
Relationship: _____
Address: _____

Telephone: _____

11. Name: _____
Relationship: _____
Address: _____

Telephone: _____

12. Name: _____
Relationship: _____
Address: _____

Telephone: _____

PERSONAL REPRESENTATIVE(S)/SUCCESSOR TRUSTEE(S)

Provide information on the individual or individuals listed as the Personal Representative(s) (also called Executor(s) or Administrator(s) in the Will, if any, or, if no Will exists, provide information on the individual or individuals who will serve as the representative(s) of the estate.

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____

(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: ____ - ____ - _____ SEX: MALE/FEMALE

IF MORE THAN ONE PERSON IS LISTED OR IS WILLING TO SERVE, PROVIDE INFORMATION FOR THE SECOND PERSON:

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____

(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: ____ - ____ - _____ SEX: MALE/FEMALE

If this is to be the administration of a Trust, or if the Will distributes the probate estate to a trust, provide information on the individual or individuals listed as the Trustee(s) or Successor Trustee(s) of the trust:

FIRST TRUSTEE OR SUCCESSOR TRUSTEE:

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____

(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: ____ - ____ - _____ SEX: MALE/FEMALE

SECOND TRUSTEE OR SUCCESSOR TRUSTEE:

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____

(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: ____ - ____ - _____ SEX: MALE/FEMALE

FINANCIAL AND ASSET INFORMATION

IN ORDER TO PROPERLY ADMINISTER THIS ESTATE, WE NEED TO KNOW AS MUCH AS POSSIBLE ABOUT WHAT WAS OWNED BY THE DECEDENT AND WHAT DEBTS HE OR SHE OWED. THEREFORE, PLEASE PROVIDE THE FOLLOWING FOR EACH OF YOUR TITLED ASSETS:

1. FOR REAL ESTATE

Bring us a copy of your deed or other evidence of title giving the legal description of the property and showing how it is owned and let us know:

- (1) the address of the property;
- (2) an estimated value of the property; and
- (3) what it is used for (such as home, lake property, investment).

2. FOR MINERAL INTERESTS

Bring us a copy of the mineral deed or other title evidence giving the legal description of the interest and showing how the interest is titled and let us know:

- (1) the estimated value of the property (how much income it produces in a year); and
- (2) who is currently leasing the interest or paying you income on it.

3. FOR FINANCIAL ACCOUNTS AND RETIREMENT ACCOUNTS

Bring us a copy of a recent account statement showing the **FULL ACCOUNT NUMBER** and how the account is owned and the date-of-death value of the account. Additionally, if the account named either a joint owner or a beneficiary, we will need contact information for the joint owner or beneficiary if you are claiming any rights in the account (NOTE: The designation of a joint owner or beneficiary usually means the account will not be subject to probate or to the provisions of a will or trust)

4. FOR STOCKS, BONDS AND OTHER INVESTMENTS NOT HELD IN BROKERAGE ACCOUNTS

Bring us a copy of each of the stock certificates, bonds, partnership or operating agreement, or other evidence of ownership -- including evidence of any small businesses you own -- showing how the securities are currently owned. **We will need to have you either assign a value to them or inquire as to the value of the asset, particularly if it is not a publicly traded security.**

5. FOR LIFE INSURANCE POLICIES AND/OR ANNUITY CONTRACTS

Bring us a copy of the policy and/or contract and the most recent report from the insurer showing its value and benefits, including beneficiary designations.

6. FOR AUTOMOBILES, AIRCRAFT AND WATERCRAFT

Bring us a copy of the certificate of title showing how the vehicle is owned and its make, model, year and vehicle identification number (VIN) and let us know the approximate value of the vehicle.

7. FOR DEBTS AND LIABILITIES

Bring us a copy of the most recent account statement or invoice.