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California Probate -Workbook

PLEASE PROVIDE A COPY OF THE WILL (AND ANY CODICILS) AND A COPY OF THE DEATH CERTIFICATE.

- Please read the instructions carefully and answer each question according to the instructions.
- If a question is optional and/or does not apply to your situation, you must write "NA" or draw a line above the answer blank.
- **Please print legibly in black or blue ink.** Only your written answers will be typed into the documents.
- Answers that go beyond the scope of the workbook will not be typed and may cause delays.
- Changes requested after your documents have been typed and prepared may result in additional charges.

INFORMATION ON PERSON WANTING TO BE EXECUTOR

NAME _____ MALE FEMALE

ADDRESS _____
STREET CITY COUNTY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT _____

PHONE NUMBER (____) _____ YOUR DATE OF BIRTH _____

HOW ARE YOU RELATED TO THE DECEASED PERSON: _____ YOUR DRIVER LICENSE No. _____

COUNTY AND STATE WHERE DECEDENT LIVED: _____

DID DECEDENT HAVE A WILL? YES NO
If YES, ARE YOU NAMED AS THE EXECUTOR? YES NO

DATE OF WILL? _____ WERE THERE ANY CODICILS? YES NO

DATES: _____

INFORMATION ON DECEASED PERSON

NAME _____ MALE FEMALE

ADDRESS _____
STREET CITY COUNTY STATE ZIP CODE

DATE OF DEATH: _____ PLACE OF DEATH _____

DATE OF BIRTH: _____ SOCIAL SECURITY No. _____

SINGLE MARRIED DIVORCED WIDOWED

STORE: _____
I have reviewed this page for clarity and legibility with the customer.

CUSTOMER: _____
The above answers were provided by me and I did not receive any legal advice from THE DOCUMENT SPECIALISTS personnel in completing my forms.

DECEDENT'S FAMILY MEMBERS

Name	Age	Relationship	Current Address OR Date of Death
		Spouse	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
		<input type="checkbox"/> Son <input type="checkbox"/> Daughter	
		Mother	
		Father	
		<input type="checkbox"/> Sister <input type="checkbox"/> Brother	
		<input type="checkbox"/> Sister <input type="checkbox"/> Brother	
		Grandchild	
		Grandchild	
		Former Spouse	
		Other	

STORE: _____

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CUSTOMER: _____

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DID DECEDENT LEAVE ANY CHILDREN OUT OF THEIR WILL? YES NO IF YES, ANSWER THE FOLLOWING:

NAME AGE RELATIONSHIP CURRENT ADDRESS/OR DATE OF DEATH

 SON
 DAUGHTER _____

 SON
 DAUGHTER _____

DID THE DECEDENT HAVE ANY CHILDREN WHO DIED BEFORE THEY DID? YES NO

IF YES, PROVIDE THE NAME, DATE OF DEATH, AND THE NAMES OF ANY GRANDCHILDREN DECEDENT HAS.

NAME AGE RELATIONSHIP CURRENT ADDRESS/OR DATE OF DEATH

 SON
 DAUGHTER _____

 SON
 DAUGHTER _____

GRANDCHILD _____

GRANDCHILD _____

GRANDCHILD _____

INFORMATION ABOUT THE WILL

WITNESSES

NAME CURRENT ADDRESS DO YOU KNOW WITNESS?

 YES NO

 YES NO

STORE: _____

CUSTOMER: _____

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LIST ANY PERSON OR ORGANIZATION NAMED IN THE WILL WHO IS NOT LISTED ABOVE

NAME

DATE OF BIRTH

RELATIONSHIP

CURRENT ADDRESS

INFORMATION ABOUT THE VALUE OF DECEDENT'S ESTATE

TOTAL ESTIMATED VALUE OF DECEDENT'S ESTATE \$ _____

VALUE OF DECEDENT'S PERSONAL PROPERTY (E.G., ACCOUNTS, STOCK, HOUSEHOLD GOODS, ETC.): \$ _____

DID DECEDENT OWN ANY REAL PROPERTY (E.G., LAND, HOMES)? YES NO

WHAT IS THE TOTAL ESTIMATED VALUE OF THE REAL PROPERTY? \$ _____

ARE THERE ANY LIENS OR MORTGAGES ON THE REAL PROPERTY? YES NO

WHAT IS THE TOTAL ESTIMATED AMOUNT OF THE LIENS? \$ _____

DID DECEDENT HAVE ANY REAL PROPERTY OUTSIDE THE STATE OF CALIFORNIA?

IF YES, DESCRIBE: _____

ESTATE INVENTORY WORKBOOK BEGINS ON NEXT PAGE

DID DECEDENT RECEIVE MEDI-CAL? YES NO

YES

NO

HAS NOTICE BEEN SENT? YES NO

NO

WHAT NEWSPAPER WILL BE USED FOR PUBLICATION _____

OFFICE CHECKLIST:

WILL ATTACHED, IF APPLICABLE

COPY OF DEATH CERTIFICATE ATTACHED

COPY OF DEED TO HOME OR OTHER LAND, IF APPLICABLE, ATTACHED

STORE: _____

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CUSTOMER: _____

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California Probate Estate Inventory & Appraisal -Workbook

CUSTOMER'S NAME _____

DECEDENT'S NAME _____

NOTE: ESTIMATED VALUES ARE BASED ON THE DATE OF DEATH - NOT THE CURRENT DATE.

CASH IN HAND \$ _____ HOUSEHOLD GOODS AND FURNISHINGS \$ _____

REAL PROPERTY - ATTACH COPY OF LATEST DEED SHOWING HOW PROPERTY WAS HELD AND THE LEGAL DESCRIPTION OF THE PROPERTY.

STREET ADDRESS, CITY, STATE	APN	ESTIMATED TOTAL VALUE	HOW IS PROPERTY OWNED? <small>(E.G., JOINT TENANTS, TENANTS IN COMMON, ETC.)</small>

AUTOMOBILES

YEAR, MODEL AND MAKE	VIN	ESTIMATED VALUE	DESCRIBE CONDITION OF VEHICLE

BANK ACCOUNTS

NAME AND ADDRESS OF BANK	ACCOUNT NUMBER	TYPE OF ACCOUNT	BALANCE AT DATE OF DEATH

STORE: _____
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CUSTOMER: _____
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