

# WELLER LAW, LLC

One South Church Street  
Suite 202  
Belleville, IL. 62220

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## PROBATE & ESTATE ADMINISTRATION INTAKE FORM

**NAME OF DECEDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **DATE OF DEATH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Will

No Will

\*Attach Copy of Will

**LOCATION OF WILL, IF ANY:** \_\_\_\_\_

**DATE OF WILL:** \_\_\_\_\_

**LOCATION OF CODICIL, IF ANY:** \_\_\_\_\_

**DATE OF CODICIL:** \_\_\_\_\_

**EXECUTOR NAMED IN WILL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT** \_\_\_\_\_

**ALTERNATE EXECUTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO DECEDENT:** \_\_\_\_\_

**BENEFICIARIES OR HEIRS AT LAW:**

**DECEDENT'S SPOUSE:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**DECEDENT'S PARENTS:**

FATHER: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**DECEDENT'S SIBLINGS:**

SIBLING # 1: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIBLING # 2: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIBLING # 3: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**DECEDENT'S CHILDREN:**

CHILD # 1: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILD # 2:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CHILD # 3:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**DECEDENT'S GRANDCHILDREN:**

GRANDCHILD # 1: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GRANDCHILD # 2:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GRANDCHILD # 3: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GRANDCHILD #4: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GRANDCHILD # 5:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**OTHER BENEFICIARIES: (typically named in will)**

**NAME #1:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

**NAME #2:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

**NAME #3:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

**ASSETS:**

**SAFE DEPOSIT BOX:** YES:  NO:

LOCATION: \_\_\_\_\_

**REAL ESTATE:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

HOMESTEAD: YES:  NO:

**OTHER REAL ESTATE:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DOD VALUE: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

**STOCKS AND BONDS:**

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_  
TYPE OF SECURITY: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
LOCATION OF CERTIFICATE: \_\_\_\_\_  
DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_  
TYPE OF SECURITY: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
LOCATION OF CERTIFICATE: \_\_\_\_\_  
DATE OF DEATH VALUE: \_\_\_\_\_

**BANK ACCOUNTS:**

BANK NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DATE OF DEATH VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DATE OF DEATH VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DATE OF DEATH VALUE: \_\_\_\_\_

**MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES:  NO:

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MORTGAGES AND NOTES (RECEIVABLE):**

MORTGAGOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_



**MORTGAGOR:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TERMS OF OBLIGATION: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**INSURANCE ON DECEDENT'S LIFE:**

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**DEBTS:**

COMPANY NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

AMMOUNT OWED: \_\_\_\_\_

ADDITIONAL NAMED DEBTORS: \_\_\_\_\_

PROVIDE COPY OF BILL:

COMPANY NAME:

ACCOUNT #: \_\_\_\_\_

AMMOUNT OWED: \_\_\_\_\_

ADDITIONAL NAMED DEBTORS: \_\_\_\_\_

PROVIDE COPY OF BILL:

COMPANY NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

AMMOUNT OWED: \_\_\_\_\_

ADDITIONAL NAMED DEBTORS: \_\_\_\_\_

PROVIDE COPY OF BILL:

COMPANY NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

AMMOUNT OWED: \_\_\_\_\_

ADDITIONAL NAMED DEBTORS: \_\_\_\_\_

PROVIDE COPY OF BILL:

COMPANY NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

AMMOUNT OWED: \_\_\_\_\_

ADDITIONAL NAMED DEBTORS: \_\_\_\_\_

PROVIDE COPY OF BILL:

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

VEHICLES:

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MISCELLANEOUS PERSONAL PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ DEATH CERTIFICATE

\_\_\_\_\_ PAID FUNERAL BILL

\_\_\_\_\_ REAL ESTATE DEEDS

\_\_\_\_\_ VEHICLE TITLES

\_\_\_\_\_ COPIES OF ANY BILLS/CREDITORS ADDRESSES

\_\_\_\_\_ LAST WILL AND TESTAMENT