

**MCPHAUL ROZELL LAW, PLLC**

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405-821-1534

TODAY'S DATE: \_\_\_\_\_

<b>CLIENT OR BUSINESS FULL LEGAL NAME</b>	
<b>CLIENT CONTACT</b>	
<b>BUSINESS ADDRESS</b>	
<b>HOME ADDRESS</b>	
<b>MAILING ADDRESS (if different)</b>	
<b>E-MAIL ADDRESS</b>	
<b>E-MAIL ADDRESS</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>WORK PHONE</b>	
<b>EMPLOYER</b>	
<b>EMPLOYER ADDRESS</b>	

<b>SPOUSE NAME AND PHONE</b>	
<b>MEMBER/OFFICER NAME AND PHONE</b>	
<b>MEMBER/OFFICER NAME AND PHONE</b>	

**NOTES**

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## PROBATE INTAKE

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<b>DECEDENT'S FULL LEGAL NAME</b>	
<b>OTHER NAMES THAT THE DECEDENT WAS KNOWN BY</b>	
<b>DECEDENT'S ADDRESS &amp; COUNTY</b>	
<b>DATE OF BIRTH</b>	
<b>DATE OF DEATH</b>	
<b>SOCIAL SECURITY NUMBER</b>	
<b>NAME OF DECEDENT'S SPOUSE (If spouse is deceased, please provide copy of spouse's death certificate)</b>	

### DOCUMENTS THAT WE WILL NEED FROM YOU

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- ❖ Original Will
- ❖ Trust Documents
- ❖ Certified Death Certificate
- ❖ Real Estate Deeds
- ❖ Mineral Deeds
- ❖ Statement of all Financial Accounts as of the date of death (Checking, Savings, Retirement, 401k, IRA, Certificates of Deposit)
- ❖ Life Insurance Certificates of Coverage
- ❖ List of Personal Property of Value
- ❖ List of known Creditors

### Information about the Personal Representative

<b>FULL LEGAL NAME</b>	
<b>OTHER NAMES THAT YOU GO BY</b>	
<b>HOME ADDRESS &amp; COUNTY</b>	
<b>MAILING ADDRESS (if different)</b>	
<b>EMAIL ADDRESS</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>WORK PHONE</b>	
<b>EMPLOYER</b>	
<b>EMPLOYER ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>SOCIAL SECURITY NUMBER</b>	

### Information about a Co-Personal Representative

<b>FULL LEGAL NAME</b>	
<b>OTHER NAMES THAT YOU GO BY</b>	
<b>HOME ADDRESS &amp; COUNTY</b>	
<b>MAILING ADDRESS (if different)</b>	
<b>EMAIL ADDRESS</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	
<b>WORK PHONE</b>	
<b>EMPLOYER</b>	
<b>EMPLOYER ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>SOCIAL SECURITY NUMBER</b>	

## **Information about the Decedent's family**

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CHILDREN (Include children who have passed away)

<b>CHILD FULL NAME</b>	<b>DATE OF BIRTH</b>	<b>LIVING OR DECEASED</b>	<b>ADDRESS</b>

GRANDCHILDREN/GREAT GRANDCHILDREN  
(If the Decedent was predeceased by any children)

<b>GRANDCHILD'S FULL LEGAL NAME</b>	<b>NAME OF THE GRANDCHILD'S PARENT (The Deceased Child)</b>

PARENTS AND SIBLINGS  
(If the Decedent has no spouse or children)

FULL NAME	RELATION TO DECEDENT	LIVING OR DECEASED	ADDRESS

BENEFICIARIES UNDER THE WILL

BENEFICIARY'S FULL NAME	DATE OF BIRTH	LIVING OR DECEASED	ADDRESS

## Specific List of Assets

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### FINANCIAL ACCOUNTS

NAME OF FINANCIAL INSTITUTION	NAME OF THE ACCOUNT	TYPE OF ACCOUNT	BENEFICIARY DESIGNATIONS

### REAL ESTATE AND MINERAL INTERESTS:

ADDRESS	NAME ON TITLE OF PROPERTY	MORTGAGE AMOUNT	PROPERTY VALUE

**LIFE INSURANCE POLICIES**

COMPANY NAME	PERSON INSURED	BENEFICIARY DESIGNATIONS	
		PRIMARY	CONTINGENT
<b>LIFE INSURANCE (Include accidental death policies)</b>			

**BUSINESS OWNERSHIP INTERESTS:**

BUSINESS NAME	OWNERSHIP INTEREST	OTHER INFORMATION

**Known Creditors**

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CREDITOR'S NAME AND ADDRESS	AMOUNT OF DEBT