

Personal Information Form

Probate

CONFIDENTIAL



HOOPER LAW OFFICE,

Appleton | Oshkosh | Green Bay LLC

———— CELEBRATING 30 YEARS ————

Appleton

2 N. Systems Drive
Appleton, WI 54914
920.993.0990

Green Bay

926 Willard Drive, Ste. 116
Green Bay, WI 54304
800.794.5548

Oshkosh

111 N. Main St., 4th Floor
Oshkosh, WI 54901
800.794.5548



PERSONAL INFORMATION FORM

All information provided herein is considered CONFIDENTIAL INFORMATION by HOOPER LAW OFFICE and will not be shared. **Please provide the following information as of the date of death.**

Date Completed ____/____/____ Completed By _____

Decedent Information

Decedent: The Decedent is the person who has passed away. Their estate is the subject of our firm's probate administration.

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____

Name Used to Sign Legal Documents (Please Print) _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Email Address _____ Most Recent Employer _____

Date of Birth ____/____/____ Date of Death ____/____/____ County _____

Cause of Death (per Death Certificate): _____

Marital Status at Death: Single Married, Date ____/____/____

Marital History: Widowed, Date ____/____/____ Divorced, Date ____/____/____ # Marriages ____

Decedent's Spouse *Please fill out what information you know. Starting with most current spouse.*

First Name _____ Middle Name _____

Last Name _____ Social Security Number _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Email Address _____ Date of Birth ____/____/____

Divorced, Date ____/____/____ Deceased, Date ____/____/____ Do you have a Death Certificate? ____

Decedent's Spouse

First Name _____ Middle Name _____

Last Name _____ Social Security Number _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Email Address _____ Date of Birth ____/____/____

Divorced, Date ____/____/____ Deceased, Date ____/____/____ Do you have a Death Certificate? ____

Decedent's Spouse

First Name _____ Middle Name _____

Last Name _____ Social Security Number _____

Home Address _____

City _____ State _____ ZIP _____ Phone _____

Email Address _____ Date of Birth ____/____/____

Divorced, Date ____/____/____ Deceased, Date ____/____/____ Do you have a Death Certificate? ____

Personal Representative Information Check if Spouse is Personal Representative.

First Name _____ Middle Name _____

Last Name _____ Social Security Number _____

Name Used to Sign Legal Documents (please print) _____

Mailing Address _____

City _____ State _____ ZIP _____

Email Address _____ Phone _____



DOCUMENTS

Please bring copies of these documents to the meeting.

Did the decedent have the following (check all that apply):

- Last Will & Testament - (Please bring original to the meeting)
- Revocable Trust
- Marital Property Agreement
- Did the decedent file a tax return for the previous year?
- Does the decedent receive Required Minimum Distributions (RMDs) from a retirement account?
- Other _____



KNOWN BENEFICIARIES

1. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

2. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

3. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

4. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

5. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

6. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

7. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

8. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

9. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

10. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

11. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

12. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse

13. First Name _____ Last Name _____
Relationship to Decedent _____ Does This Person Have a Disability? Y N
Mailing Address _____
City _____ State _____ ZIP _____ Phone _____
Email Address _____ Check if: Deceased Children Spouse



LONG-TERM CARE

Decedent

- Did the decedent receive care in a Skilled Nursing Facility? _____ Y N
- Did the decedent receive care in an Assisted Living Facility? _____ Y N
- Did the decedent receive care while living at home? _____ Y N
- Did the decedent submit a Medicaid Application at any time? _____ Y N
- Have you received notification from Wisconsin's Estate Recovery Program? _____ Y N

Decedent's Most Recent Spouse

- Did the decedent's spouse receive/is receiving care in a Skilled Nursing Facility? _____ Y N
- Did the decedent's spouse receive/is receiving care in an Assisted Living Facility? _____ Y N
- Did the decedent's spouse receive/is receiving care while living at home? _____ Y N
- Did the decedent's spouse submit a Medicaid Application at any time? _____ Y N
- Did the decedent's spouse receive/is receiving Long-Term Care? _____ Y N
- Did the decedent's spouse receive notification from Wisconsin's Estate Recovery Program? _____ Y N



DECEDENT'S ADVISORS

	Name	Company	Telephone
Insurance Agent	_____	_____	_____
Tax Advisor	_____	_____	_____
Realtor	_____	_____	_____
Financial Advisor	_____	_____	_____
Banker	_____	_____	_____
Other Advisor	_____	_____	_____



PERSONAL PROPERTY ITEMS

Please list personal items of significant value or items likely to be potential sources of conflict during the administration. Provide an estimated value or appraisals can be obtained, if needed.

Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____
Item Description _____	Value \$ _____



FAMILY DYNAMICS

All beneficiaries named to receive must be involved in notifications during the administration. This process can bring out past conflicts or difficulties caused by grieving. **Is there anything we should be aware of while assisting at this time?**



ESTIMATED DEBTS OF DECEDENT'S ESTATE

Debts

Approximate Values

Credit Cards

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Medical Bills

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Taxes

_____	\$ _____
_____	\$ _____

Insurance

_____	\$ _____
_____	\$ _____

Utilities

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Mortgages/Loans

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Misc

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ _____

Date Completed ____/____/____



ESTIMATED VALUE OF DECEDENT'S ESTATE

Assets

Approximate Values

Primary Home \$ _____

Other Real Estate \$ _____

Checking Accounts/Money Market Accounts \$ _____

Regular Savings Accounts \$ _____

Certificates of Deposit \$ _____

Stocks/Bonds/Mutual Funds \$ _____

Annuities \$ _____
\$ _____

Life Insurance (Death Benefit) \$ _____
\$ _____

Retirement Accounts (IRA, ROTH, 401k, etc.) \$ _____
\$ _____

Autos, Boats, RVs, etc. \$ _____

Total Assets (add everything, except mortgages) \$ _____

Known Creditor Total (Page 6) (\$ _____)

Net Worth (subtract the two) **Total** \$ _____

Does the Decedent own interest in a business? Y N

Gross Monthly Income Prior to Death

Social Security? Y N \$ _____

Pension? Y N \$ _____

Required Minimum Distribution? Y N \$ _____

IRA Distributions taken this year? Y N \$ _____

Other: _____ \$ _____