

LAW OFFICE OF LISA L. ATKINSON  
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## PROBATE WORKSHEET

### I. GENERAL INFORMATION

Your  
Name: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing  
Address: \_\_\_\_\_  
(If Different From Above) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_

Your  
Employer: \_\_\_\_\_  
Your Employer's Address: \_\_\_\_\_  
Your Occupation: \_\_\_\_\_  
Your Work Phone (\_\_\_\_) \_\_\_\_\_

### II. DECEASED'S INFORMATION

Deceased's  
Name: \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Residence as of date of death: \_\_\_\_\_  
Relationship of Deceased to you: Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Child \_\_\_\_\_  
Other: \_\_\_\_\_ Attach certified copy of Death Certificate.

1. Was the Deceased a U.S. citizen? Yes\_\_\_ No\_\_\_
2. Did the Deceased have a will or trust? (If yes, attach a copy.) Yes\_\_\_ No\_\_\_
3. Did the Deceased have a Community Property Agreement?  
(If yes, attach a copy.) Yes\_\_\_ No\_\_\_
4. Did the Deceased and his or her spouse have a Pre- or  
Post-Nuptial Agreement? (If yes, attach a copy.) Yes\_\_\_ No\_\_\_

5. Was the Deceased expecting to receive property or money from (check all that apply)?

Gift \_\_\_\_\_ Lawsuit \_\_\_\_\_ Inheritance \_\_\_\_\_ Other \_\_\_\_\_

6. Was the Deceased the beneficiary under a Will or Trust? Yes \_\_\_ No \_\_\_  
(If yes, attach a copy.)

7. List all LIVING children (born to the Deceased or legally adopted):

NAME	AGE	ADDRESS
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8. List any DECEASED children (born to the Deceased or legally adopted):

NAME	DATE OF BIRTH
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9. List all GRANDCHILDREN (born to the Deceased's children or legally adopted):

NAME	DATE OF BIRTH
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10. List brothers and sisters of the Deceased still living:

NAME	AGE	ADDRESS
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11. Did the Deceased have any dependents who require special care? Yes \_\_\_\_\_

No \_\_\_\_\_

NAME	AGE	RELATIONSHIP
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### III. FINANCIAL INFORMATION

1. List all real estate in which the Deceased had an interest as of date of death:  
(Attach a copy of the deed of legal description)

Description or location: \_\_\_\_\_

Tax parcel number: \_\_\_\_\_

Titled in whose name? \_\_\_\_\_

Purchase Price: \_\_\_\_\_  
Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

Description or location: \_\_\_\_\_  
\_\_\_\_\_

Tax parcel number: \_\_\_\_\_  
Titled in whose name? \_\_\_\_\_

Purchase Price: \_\_\_\_\_  
Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

Description or location: \_\_\_\_\_  
\_\_\_\_\_

Tax parcel number: \_\_\_\_\_  
Titled in whose name? \_\_\_\_\_

Purchase Price: \_\_\_\_\_  
Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

2. List any other titled property such as a car, boat, airplane, etc., in which the Deceased had an interest as of date of death:

Item \_\_\_\_\_  
Titled in whose name? \_\_\_\_\_

Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

Item \_\_\_\_\_  
Titled in whose name? \_\_\_\_\_

Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

Item \_\_\_\_\_  
Titled in whose name? \_\_\_\_\_

Market Value: \_\_\_\_\_  
(-) Mortgage: \_\_\_\_\_  
(=) Equity: \_\_\_\_\_

3. List any checking accounts in which the Deceased had an interest as of date of death:

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

4. List any interest bearing accounts (savings, money market) and/or CDS in which the Deceased had an interest as of date of death:

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

Name of  
Bank: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
Approximate Balance (as of date of death): \_\_\_\_\_

5. List any stocks, bonds or mutual funds (including closely held company stock) in which the Deceased had an interest as of date of death:

Name of Security: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

Name of Security: \_\_\_\_\_

Titled in whose name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

Name of Security: \_\_\_\_\_  
Titled in whose name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

6. List any profit sharing, IRAs or pension plans in which the Deceased had an interest as of date of death:

Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value (as of date of death): \_\_\_\_\_

7. List any life insurance policies and/or annuities in which the Deceased had an interest as of date of death:

Name of Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_  
First Beneficiary: \_\_\_\_\_  
Second  
Beneficiary: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_  
First Beneficiary: \_\_\_\_\_  
Second  
Beneficiary: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Policy Owner: \_\_\_\_\_  
First Beneficiary: \_\_\_\_\_  
Second  
Beneficiary: \_\_\_\_\_  
Death Benefit: \_\_\_\_\_

8. Does anyone owe the Deceased money?

Description: \_\_\_\_\_

\_\_\_\_\_

Approximate Amount Owed: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Approximate Amount Owed: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Approximate Amount Owed: \_\_\_\_\_

9. List any special items of value over \$500 such as coin collections, artwork, antiques, jewelry, etc. in which the Deceased had an interest as of date of death:

Description: \_\_\_\_\_

\_\_\_\_\_

Approximate Amount (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Approximate Amount (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Approximate Amount (as of date of death): \_\_\_\_\_

10. List the approximate total value of all the Deceased's remaining personal property -  
- whatever the Deceased owned that has not been included above (clothes,  
furniture, etc.):

Estimated Value (as of date of death):  
\_\_\_\_\_

11. List any assets the Deceased held as joint tenants with anyone not listed elsewhere  
(including bank accounts, real property, real estate contacts, etc.)?

Description: \_\_\_\_\_

\_\_\_\_\_  
Value of Deceased's portion: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Value of Deceased's portion: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Value of Deceased's portion: \_\_\_\_\_

12. List any debts of the Deceased other than mortgage(s) and loan(s) listed above  
(credit cards, personal loans, etc.):

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed (as of date of death): \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed (as of date of death): \_\_\_\_\_

13. List any unpaid last illness and funeral bills. (Attach copies of bills.)

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
Amount Owed: \_\_\_\_\_

14. Total value of everything the Deceased **owned** (add totals of values shown in questions 1 through 11 above):

\$ \_\_\_\_\_

15. Total amount the Deceased **owed** (add totals of values shown in questions 12 and 13 above):

\$ \_\_\_\_\_

16. Subtract amount shown in 15 from amount shown in 14 above:

TOTAL NET ESTATE VALUE:

\$ \_\_\_\_\_



[Date]

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

Re: Estate of \_\_\_\_\_

Dear \_\_\_\_\_:

Enclosed for your information are copies of the following items:

1. Petition for Order: (1) Appointing Personal Representative; (2) Adjudicating Estate to be Solvent; (3) Directing Administration without Court Intervention;
2. Last Will and Testament;
3. Court Certificate;
4. Order: Appointing Personal Representative; (2) Adjudicating Estate to be Solvent; (3) Directing Administration without Court Intervention;
5. Oath of Personal Representative;
6. Notice of Appointment and Pendency of Probate;
7. Notice to Creditors;
8. Letter to Office of Financial Recovery;
9. Letter to newspaper; and
10. Preliminary Inventory.

It was necessary to file the probate action in order for the Personal Representative to receive the authority to transfer \_\_\_\_\_'s assets to you. These assets are listed on the inventory and include the balance in his/her bank account(s) at Someplace Bank and the Certificates of Deposit and bonds held by Investment Fund, Inc.

Grant of non-intervention powers means that the Personal Representative will be able to distribute the assets of the estate to you without having to go back to court for approval of every step taken to close the estate. These non-intervention powers are authorized by \_\_\_\_\_'s Will and will not affect your right to receive your distribution under the terms of the Will.

From the assets listed on the inventory, \_\_\_\_\_'s final bills and court expenses

and fees will be paid, and then the balance will be transferred to you as his/her heir(s) in the following shares:

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

\_\_\_\_\_ has been appointed as Personal Representative of \_\_\_\_\_'s Estate and our office will be serving as the Estate's attorney.

Please understand that our office does not represent you in this matter, although we will provide you with copies of documents filed in the probate and an accounting of how the estate funds are spent and distributed.

The letter to the Office of Financial Recovery informs the Department of Social and Health Services of the probate, which by Washington State law we must do. Upon receipt of the letter and the Notice to Creditors, they will then file a creditor's claim against the probate, to the extent of any funds for the care of \_\_\_\_\_ which they have paid on his/her behalf.

We will be in touch as things progress. In the meantime, if you have any questions, please do not hesitate to contact our office.

Very truly yours,

Lisa L. Atkinson  
Attorney at Law

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