



PROBATE WITHOUT A WILL INTAKE FORM

HELPING YOU NAVIGATE PROBATE WITHOUT A WILL.

This Intake Form is designed for individuals managing the estate of a loved one who passed away without a valid Will. We understand that navigating probate during a time loss can feel overwhelming—especially when there's no clear estate plan in place. This form will help us gather key information needed to guide you through the process with care and clarity. To make the most of your consultation, please complete and submit the form at least **72 hours** before your scheduled appointment. This allows us to thoughtfully review your information and show up fully prepared to guide you through the next steps. Don't stress about having every document or answer upfront. Share what you can now, and we'll guide you through the rest with care and clarity.

DISCLAIMER: Your privacy matters. Everything you share here is kept strictly confidential and used only to prepare for your consultation. Just a heads-up: completing this form doesn't establish an attorney-client relationship. Our initial meeting is simply a starting point for us to explore your needs—no pressure, no obligations until we both agree to move forward. **A formal agreement must be signed in order to become an OFFICIAL FOREVER LEGAL CLIENT.**

Today's Date: _____

How did you hear about FOREVER LEGAL? _____

PERSONAL INFORMATION

What is your full name? *[First Name, Middle, Last Name]*

What is your relationship to the Decedent?

What are the last three digits of your driver's license number? *[Required by the Court]*

What is your social security number? *[Required by the Court]*

What is your city of birth? *[Required by the Court]*



What is your current address? *[Street Address or PO Box, City, State, Zip]*

What is your county of residence?

What is your email address?

What is your phone number?

What is your preferred method of contact?

Are you a US citizen?

☐ Yes

☐ No

Have you ever been charged with a felony? *List all felonies and convictions.*

☐ Yes

☐ No

If yes, list offense, date of offense, county, and disposition:

Have you ever been arrested? *[Please include any other arrest not mentioned in the prior question.]*

☐ Yes

☐ No

If yes, please provide the date of arrest, the case number, county, charge, and dissolution of case:

DECEDENTS' INFORMATION



Provide the Decedent's name. *[First Name, Middle, Last Name]*

Provide the Decedent's date of birth.

Provide Decedent's social security number.

Was the Decedent a U.S. citizen?

☐ Yes ☐ No

What was the Decedent's permanent residence at the time of death? *[Street Address, City, State, Zip]*

Was the Decedent employed?

☐ Yes ☐ No

Employer Name: _____

Position/Job Title: _____

Employer's Address: _____

Was the Decedent retired?

☐ Yes ☐ No

Was the Decedent receiving social security, disability, or any other government benefits?

☐ Yes ☐ No

If yes, list benefit and amount:

Did the Decedent ever file federal or state gift tax returns?*[Provide a copy.]*



☐ Yes ☐ No

Have you tried to determine whether Decedent had a Will?

☐ Yes ☐ No

List efforts to locate/determine existence of Will:

Did the Decedent have any Trusts? [Provide a copy.]

☐ Yes ☐ No

Was the Decedent married at the time of their death?

☐ Yes ☐ No

If yes, Living Spouse's Full Name: _____

Address: _____

Phone Number: _____

Date and County of Marriage: _____

Did the Decedent have any past marriages?

☐ Yes ☐ No

If yes, prior Spouse Full Name: _____

Date of Marriage: _____

Date of Divorce/Date of Prior Spouse's Death: _____

DECEDENT'S FAMILY

Were there any children born to or adopted by Decedent (living and deceased)?

☐ Yes ☐ No

If yes, list all children (living and deceased). Include their Name, Address, Phone Number, Birth Date and if deceased: Date of Death. Use an additional sheet if needed.



If any of the Decedent's children predeceased him or her, and that child left children (the Decedent's grandchildren), then please list the names of those grandchildren:

☐ Yes ☐ Not applicable

If yes, provide information for their grandchildren (living and deceased). [Name, Address, Phone Number, Birth Date and if deceased: Date of Death].

If the Decedent had no descendants (children or grandchildren) that survived him or her, then please list the names of the Decedent's parents:

If yes, provide information for each parent [Mother/Father, Date of Birth, Address, and Telephone, and if deceased: Date of Death].

☐ No surviving Parents
☐ Not applicable

Did the Decedent have siblings?

☐ Yes ☐ No

If yes, provide information for each sibling [Mother/Father, Date of Birth, Address, and Telephone].

Have any of the siblings passed away?

☐ Yes ☐ No

If yes, provide information for their children [Name, Date of Birth, Address, and Telephone, and if deceased: Date of Death].

DECEDENT'S ASSETS

Did the Decedent have a safe deposit box?



☐ Yes ☐ No

If yes, where is it located? _____

What is the safety deposit box number? _____

Did the Decedent own any Real Property [land] or Mineral Interests?

☐ Yes ☐ No

List each residence, state, approximate value, and mortgage balance for each, State the name[s] which appear on the title, if known, and state whether the property is held with right of survivorship, if known:

Did the Decedent have a Savings Account?

☐ Yes ☐ No

If, yes list the account type, financial institution, any beneficiaries, and approximate value for each account:

Did the Decedent have a Checking Account?

☐ Yes ☐ No

If yes, list the account type, financial institution, any beneficiaries, and approximate value for each account:

Did the Decedent have a Brokerage Account?

☐ Yes ☐ No

If yes, list the account type, financial institution, any beneficiaries, and approximate value for each account:



Did the Decedent have an Individual Retirement Account [IRA Account]?

☐ Yes ☐ No

If yes, list Institution/Custodian, balance, any beneficiaries:

Did the Decedent have an Employee Benefit Plan, 401K Plan?

☐ Yes ☐ No

If yes, list Plan type, Institution/Administrator, balance, any beneficiaries for each plan:

For defined contribution plans, such as 401K plans, please list the current account balance. Please also list your yearly contribution. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment period for stock options, please indicate current value:

Did the Decedent have Life Insurance or Annuities?

☐ Yes ☐ No

If yes, list Institution/Administrator, cash value, payoff amount, any beneficiaries for each:

Did the Decedent have any Trust Interests [including Powers of Appointments]?

☐ Yes ☐ No

If yes, explain: [Provide full Trust name]

Did the Decedent own any Automobiles (including boats and trailers)?



☐ Yes

☐ No

Make and Year, Date Acquired, Owner on Title, Issuer State, Value, Loan amounts. Include whether the automobile is co-owned.

DECEDENT'S LIABILITIES

List any liabilities Decedent had [excluding mortgages or car loans listed above]:

Decedent's Consumer Debts: *[Provide description and amounts.]*

Decedent's Business Debts: *[Provide description and amounts.]*

Decedent's Guarantees: *[Provide description and amounts.]*

Did the Decedent have any other major assets [fine artwork or jewelry, pending lawsuits, etc.]?

☐ Yes

☐ No

If yes, explain:

DECEDENT'S ADVISORS

Did the Decedent have any advisors?

☐ Yes

☐ No

CPA/Accountant *[Provide name and contact information.]*

Financial Advisor *[Provide name and contact information.]*



Life Insurance Agent *[Provide name and contact information.]*

Attorney *[Provide name and contact information.]*

Other *[Provide name and contact information.]*

DISINTERESTED WITNESSES

Please provide information for disinterested witnesses. A disinterested witness is someone that will NOT gain from the Estate of the Decedent and is also able to provide information as to the Decedent and their family history.

Disinterested Witness One. *[Provide Full Name, Relationship to Decedent, Years Acquainted with Decedent, Phone Number, Email, Mailing Address.]*

Disinterested Witness Two. *[Provide Full Name, Relationship to Decedent, Years Acquainted with Decedent, Phone Number, Email, Mailing Address.]*

Disinterested Witness Three. *[Provide Full Name, Relationship to Decedent, Years Acquainted with Decedent, Phone Number, Email, Mailing Address.]*

ADDITIONAL INFORMATION

Is there additional information you would like FOREVER LEGAL to know in advance of our consultation?



Are there any specific questions you have that should be addressed in our consultation?

CERTIFICATION

I hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.

Signature

Date

**DO NOT EMAIL THIS INTAKE FORM. TO
ENSURE YOUR INFORMATION
REMAINS SECURE UPLOAD YOUR
FORM IN MYCASE. THANK YOU!**