

104 Main Street South Tel: (507) 754-4555 P.O. Box 35 Fax: (507) 754-4554 Grand Meadow, MN 55936 www.svslawoffice.com

PROBATE INFORMATION SHEET

WHEN YOU HAVE COMPLETED THIS FORM, please bring it to your next scheduled meeting along with a certified copy of the decedent's death certificate. Please be sure to provide information that is accurate and complete in all respects. If needed, please attach additional sheets.

Full Name of Decedent (deceased person	on):	
Street Address, City, State, Zip:		
	Social Security Number:	
Date & Place of Birth:		
Date & Place of Death:		
Date of Will:	e of Will: Date of Codicil:	
eparate Writing Found: Yes No		
Name of Bank Where Safe Deposit Box	x Was Held:	
Spouse's Name:		
Date & Place of Birth:		
Social Security Number:		
Name of Personal Representative:		
Street Address, City, State, Zip:		
Social Security Number:	Home Phone No.:	
Relationship to Decedent:	Work Phone No.:	
Children of Decedent and Spouse:		
1. Name:	2. Name:	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Date of Birth:	Date of Birth:	

Social Security No.:	Social Security No.:
3. Name:	4. Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Date of Birth:	Date of Birth:
Social Security No.:	Social Security No.:
•	re not also children of the above-named spouse: 2. Name:
	Street Address:
	City, State, Zip:
	Date of Birth:
Social Security No.:	Social Security No.:
3. Name:	
Street Address:	
City, State, Zip:	City, State, Zip:
Date of Birth:	Date of Birth:
Social Security No.:	Social Security No.:
List children of any children who died b	pefore the Decedent:
1. Name:	
Street Address:	Street Address:
City, State, Zip:	
Date of Birth:	
Social Security No.:	Social Security No.:
Other beneficiaries:	
1. Name:	2. Name:
Street Address:	
City, State, Zip:	
Date of Birth:	
Social Security No.:	Social Security No.:

1. Name:	2. Name:	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Date of Birth:	Date of Birth:	
Social Security No.:	Social Security No.:	
Homestead Information: Legal Description:		
Exact Name(s) on Title:		
	_Abstract or Torrens:	
Mortgage Holder: Ass	Assessor's Est. Market Value:	
Amount of Mortgage: Fair	Fair Market Value:	
Additional Real Estate Information: Legal Description:		
Exact Name(s) on Title:		
County: Abstract		
Mortgage Holder: Assess	or's Est. Market Value:	
Amount of Mortgage: Fair Ma	arket Value:	
Business and Farm Assets: Name of Business: Street Address City State Zin:		
Street Address, City, State, Zip: Approx		
Name of Person Operating Business:		

If farm property, please provide a list of machinery (with approximate value) livestock, crops, leases, etc.

Casl	h and Bank Accounts:	
1. N	ame:	2. Name:
Nam	ne of Bank:	Name of Bank:
Acco	ount No.:	Account No.:
Туре	e of Account:	Type of Account:
Cash	ı Value:	Cash Value:
Nam	ne of Joint Owner or POD:	Name of Joint Owner or POD:
3. N	ame:	4. Name:
Nam	ne of Bank:	Name of Bank:
Acco	ount No.:	Account No.:
Туре	e of Account:	Type of Account:
Cash	ı Value:	Cash Value:
Nam	ne of Joint Owner or POD:	Name of Joint Owner or POD:
 2. 3. 	Name of Company: Type of Investment: Name of Joint Owner or POD: Name of Company: Type of Investment: Name of Company: Type of Investment: Name of Joint Owner or POD: Name of Joint Owner or POD:	Total No. of Shares: Value per Share on Date of Death: Total No. of Shares: Value per Share on Date of Death:
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Insu	rance:	
1.	Name of Company:	
		Payable to Whom:
2.		
	Value of Policy:	Payable to Whom:

Personal Property:	
Auto Make and Model:	Value:
Joint Owner:	
Value of Furniture and Household Goods: _	
Value of Wearing Apparel and Jewelry:	
Value of Other Personal Property:	
Funeral Expenses:	
Name of Funeral Home:	Amount Owed to Funeral Home:
List anyone who advanced funds for funeral	expenses:
Name:	Amount Advanced:
Name:	Amount Advanced:
Name:	Amount Advanced:
Did Decedent receive Medical Assistance	benefits?
If Decedent's spouse died first, did he/she	receive Medical Assistance benefits?
Other Debts and Claims:	
1. Name:	2. Name:
Street Address:	Street Address:
City, State, Zip:	Account No.:
Amount of Claim:	Amount of Claim:
Reason for Claim:	Reason for Claim:
Taxes:	
Date real estate taxes are next due:	Amount Due:
When did Decedent last file income tax retu	
Did Decedent file gift tax returns for gifts m	ade during lifetime?

Settling a Probate Estate

It is the duty of the Personal Representative to proceed with the following steps in settling a probate estate. This law office will help you during each step of the process.

- 1. Prepare and file with the Probate Court in the county of decedent's residence a Petition for Probate of Will along with required accompanying documents. Legal notice by U.S. mail must be given to all beneficiaries named in the Will, and to all heirs-at-law as defined by Minnesota Statutes. The majority of families retain a law firm for representation in the probate proceeding to insure that legal matters are properly dealt with during the proceeding.
- 2. The nominated Personal Representative attends a Court hearing, if required.
- 3. Obtain an I.R.S. tax identification number (EIN) for tax reporting purposes of the probate estate. This law office will assist you in preparing the proper form.
- 4. With a certified copy of the Letters Testamentary, an estate checking account must be opened for deposit of all income into the estate and for payment of all bills. The estate checking account should be entitled:

The Estate of	_, Your Name, Personal Representativ
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The checks used in an estate account must be returned to you so that you will have your returned check as a receipt for the Probate Court when the estate is closed out.

- 5. The Inventory and Appraisal of the estate must be prepared setting forth for the heirs and beneficiaries all the assets contained in the estate. The Personal Representative is given six months from the issuance of the Letters Testamentary to file the Inventory with the Court.
- 6. All checks that need to be deposited should be put into the estate account.
- 7. Determine all proper debts of the estate and make payment on them, requesting a receipt as each bill is paid.
- 8. If redeeming mutual funds or stock, it will be necessary to send certified copy of Death Certificate and Letters Testamentary, and have your signature on the letter of instruction guaranteed.
- 9. After sufficient time has passed and the Personal Representative is comfortable that all debts of the estate have been paid and that all the income the estate can expect has been collected, the Final Account must be prepared.
- 10. If an estate earns over \$600 of income, or if there is a sale of a house through the estate while the estate is being administered, a 1041 income tax return must be filed.
- 11. Once the Final Account has been approved by the Court, the Personal Representative is able to divide up the remaining assets in the estate between the heirs and beneficiaries as set forth by law or by the Last Will and Testament of the decedent.
- 12. Receipts from all heirs are filed with the Court stating that they have received their share, and the Probate estate is then closed out.