

PROBATE CHECKLIST



English Lucas Priest & Owsley, LLP

ELPOLAW ESTATE PLANNING/PROBATE DIVISION

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**SECTION
1**

DECEASED

Full Legal Name _____

Date of Birth _____

Goes By _____

Social Security Number _____

Street Address _____

Date of Death _____

City _____ State _____ Zip _____

Employer _____

Gender: Male Female

U.S. Citizen: Yes No

Marital Status: Married Single Divorced Widowed

If married, was there a prenuptial or postnuptial agreement? Yes No

Military Service: Yes No

If so, provide military branch and dates of service _____

Receiving Medicaid: Yes No

Will: Yes No Trust: Yes No

Accountant's Name: _____

Referred By: _____



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**SECTION
2**

PERSON(S) HANDLING ESTATE

1. _____
Full Legal Name

_____ Date of Birth

_____ Goes By _____
Social Security Number

_____ Street Address _____
Phone (Cell, Home, Work)

_____ City _____ State _____ Zip _____ Email Address _____

Gender: Male Female Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child Adopted Child Foster Child

Natural Grandchild Adopted Grandchild Foster Grandchild

Parent Sibling Aunt or Uncle

Niece or Nephew Friend Other _____

2. _____
Full Legal Name

_____ Date of Birth

_____ Goes By _____
Social Security Number

_____ Street Address _____
Phone (Cell, Home, Work)

_____ City _____ State _____ Zip _____ Email Address _____

Gender: Male Female Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child Adopted Child Foster Child

Natural Grandchild Adopted Grandchild Foster Grandchild

Parent Sibling Aunt or uncle

Niece or nephew Friend Other _____



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**SECTION
3**

DECEASED'S HEIRS OR BENEFICIARIES

1. _____
Full Legal Name

_____ Date of Birth

_____ Goes By _____
Social Security Number

_____ Street Address _____
Phone

_____ City _____ State _____ Zip _____ Email Address

Gender: Male Female Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child Adopted Child Foster Child

Natural Grandchild Adopted Grandchild Foster Grandchild

Parent Sibling Aunt or Uncle

Niece or Nephew Friend Other _____

2. _____
Full Legal Name

_____ Date of Birth

_____ Goes By _____
Social Security Number

_____ Street Address _____
Phone

_____ City _____ State _____ Zip _____ Email Address

Gender: Male Female Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child Adopted Child Foster Child

Natural Grandchild Adopted Grandchild Foster Grandchild

Parent Sibling Aunt or uncle

Niece or nephew Friend Other _____



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DECEASED'S HEIRS OR BENEFICIARIES (continued)

3.

Full Legal Name

Date of Birth

Goes By

Social Security Number

Street Address

Phone

City

State

Zip

Email Address

Gender: Male Female

Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child

Adopted Child

Foster Child

Natural Grandchild

Adopted Grandchild

Foster Grandchild

Parent

Sibling

Aunt or Uncle

Niece or Nephew

Friend

Other _____

4.

Full Legal Name

Date of Birth

Goes By

Social Security Number

Street Address

Phone

City

State

Zip

Email Address

Gender: Male Female

Marital Status: Married Single Divorced Widowed

Relationship: Spouse

Natural Child

Adopted Child

Foster Child

Natural Grandchild

Adopted Grandchild

Foster Grandchild

Parent

Sibling

Aunt or Uncle

Niece or Nephew

Friend

Other _____



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DECEASED'S HEIRS OR BENEFICIARIES (continued)

5.

_____			_____
Full Legal Name			Date of Birth
_____			_____
Goes By			Social Security Number
_____			_____
Street Address			Phone
_____			_____
_____	_____	_____	_____
City	State	Zip	Email Address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Relationship: <input type="checkbox"/> Spouse			
<input type="checkbox"/> Natural Child		<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Foster Child
<input type="checkbox"/> Natural Grandchild		<input type="checkbox"/> Adopted Grandchild	<input type="checkbox"/> Foster Grandchild
<input type="checkbox"/> Parent		<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt or Uncle
<input type="checkbox"/> Niece or Nephew		<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

6.

_____			_____
Full Legal Name			Date of Birth
_____			_____
Goes By			Social Security Number
_____			_____
Street Address			Phone
_____			_____
_____	_____	_____	_____
City	State	Zip	Email Address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Relationship: <input type="checkbox"/> Spouse			
<input type="checkbox"/> Natural Child		<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Foster Child
<input type="checkbox"/> Natural Grandchild		<input type="checkbox"/> Adopted Grandchild	<input type="checkbox"/> Foster Grandchild
<input type="checkbox"/> Parent		<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt or Uncle
<input type="checkbox"/> Niece or Nephew		<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____



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DECEASED'S HEIRS OR BENEFICIARIES (continued)

7.

_____ Full Legal Name			_____ Date of Birth
_____ Goes By			_____ Social Security Number
_____ Street Address			_____ Phone
_____ City	_____ State	_____ Zip	_____ Email Address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship: <input type="checkbox"/> Spouse			
<input type="checkbox"/> Natural Child	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Foster Child	
<input type="checkbox"/> Natural Grandchild	<input type="checkbox"/> Adopted Grandchild	<input type="checkbox"/> Foster Grandchild	
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt or Uncle	
<input type="checkbox"/> Niece or Nephew	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	

8.

_____ Full Legal Name			_____ Date of Birth
_____ Goes By			_____ Social Security Number
_____ Street Address			_____ Phone
_____ City	_____ State	_____ Zip	_____ Email Address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship: <input type="checkbox"/> Spouse			
<input type="checkbox"/> Natural Child	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Foster Child	
<input type="checkbox"/> Natural Grandchild	<input type="checkbox"/> Adopted Grandchild	<input type="checkbox"/> Foster Grandchild	
<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Aunt or Uncle	
<input type="checkbox"/> Niece or Nephew	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	



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**SECTION
4**

DECEASED'S FINANCIAL INFORMATION

1. Home or any other real estate?

Description	Titled in whose Name	Purchase Price	Current Value	Mortgage (=)	Equity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Other titled property (car, truck, motorcycle, boat, trailers, etc.)?

Description	Titled in whose Name	Purchase Price	Current Value	Loan (=)	Equity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Checking accounts, savings accounts, or CDs?

Name of institution	Titled in whose Name	Account Number	Approx. balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Stocks, bonds, mutual funds, or brokerage accounts?

No. of shares	Description	Account Number	Titled in Whose name	Purchase price	Current value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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DECEASED'S FINANCIAL INFORMATION (continued)

5. IRAs, profit sharing or pension plans?

Description	Titled in Whose Name	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Business or partnership interest?

Name of Company	Type of Company (S Corp., LLC, Partnership)	Home state of of Company	Titled in Whose Name	Value and Type of Interest
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Life insurance or annuities?

Name of Company	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Owed money by anyone?

Description



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DOCUMENTS TO BRING

- The original Last Will and Testament
- Any trust documents to which the deceased was a recipient or created
- Prenuptial or postnuptial agreement
- Death Certificates (if available)
- Deeds and/or leases to all real estate
- An account statement for each of the deceased's accounts (bank, brokerage, CD, IRA, 401(k), etc.)
- Stock certificates
- Information about closely held businesses
- Life insurance policies
- Vehicle title and registration documents
- Boat/plane title documents
- Retirement beneficiary forms
- Divorce documents (if divorced)
- Funeral bills
- Any and all other bills
- Any document showing what the decedent may have owed (loans, credit cards, mortgages etc.)
- Any documents showing who might owe the decedent (promissory notes, etc.)
- Any information about charitable pledges
- Tax returns for last three tax years



CONTACT INFORMATION FOR PROBATE ADMINISTRATION ATTORNEYS AND SUPPORT

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