

FISCHER RUST LAW FIRM, PLLC
407 NORTH BROADWAY
P.O. BOX 605
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TELEPHONE: (218) 281-2400 FAX: (218) 281-5831

Initial Client Conference-Information Checklist

Items client should bring to our office (if available)

- Will or copy of Will – if not already filed in our office;
- Codicil(s) to Will or copy of Codicil(s) - if not already filed in our office;
- Minimum of three (3) original Certificates of Death;
- Any mail addressed to Decedent re: financial matters;
- Bills paid on behalf of Decedent for which the estate should reimburse payor;
(i.e. funeral expenses, prescriptions, medical expenses, etc.)
- Memory folder from funeral home / Obituary column from newspaper.

Important papers of Decedent

- Bank Statements for checking and savings as of date of death;
- Certificates of Deposit;
- Tax Returns for the previous two years;
- Life Insurance Policies;
- Stocks and Bonds;
- Gift Tax Returns;
- List of Farm Machinery and/or Business Machinery; and
- Mortgages or Debts.

GENERAL INFORMATION NEEDED TO BEGIN PROBATE:

Decedent's Name: _____

Also Known As (a/k/a) _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____

Date of Death: _____ Place of Death: _____

Residence at time of death (*include city, county and state*):

Employer's name and address (if applicable):

Did Decedent have a safe deposit box? Yes No

Name and address of bank where located:

Was box in Decedent's name alone or joint: _____

Name and address of joint tenant:

Location of safe deposit key: _____

Was Decedent receiving medical assistance? Yes No

If yes, what County was giving medical assistance? _____

Spouse's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

Pre-deceased Spouse's Name: _____

Date of Birth: _____ Date of Death: _____

Social Security No.: _____

Death Certificate *(if requested)*

Personal Representative's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

Relationship to Decedent: _____

Copy of Driver's License

Co-Personal Representative's Name: _____

(Complete only if there is more than one Personal Representative)

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

Relationship to Decedent: _____

Copy of Driver's License

Decedent's Children

1. Child's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

2. Child's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

3. Child's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-mail Address: _____

4. Child's Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Any deceased children? Yes No **If yes, please list:**

Deceased Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____

Date of Death: _____ Place of Death: _____

Does the deceased child have children? Yes No **If yes, please list:**

1. Child's Name: _____

Mailing Address: _____

Date of Birth: _____ Social Security No.: _____

2. Child's Name: _____

Mailing Address: _____

Date of Birth: _____ Social Security No.: _____