

---

## LAW OFFICES OF BRADLEY J. FRIGON, LLC

---

### ATTORNEYS AT LAW

Bradley J. Frigon, JD, LLM  
(Tax), CELA\*\*  
bfrigon@bjflaw.com  
Admitted in Colorado and Kansas

6500 SOUTH QUEBEC STREET, SUITE 330  
ENGLEWOOD, COLORADO 80111  
TELEPHONE (720) 200-4025 FAX (720) 200-4026  
Toll Free (877) 295-8915  
www.bjflaw.com

Bryan C. Benbow, JD, LLM  
bbenbow@bjflaw.com  
Admitted in Colorado

### PROBATE INTAKE FORM

**Your Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

### PERSONAL INFORMATION

Your Legal Name \_\_\_\_\_  
Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_  
US Citizen? \_\_\_ Yes \_\_\_ No. If No provide status. \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cellphone \_\_\_\_\_  
Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_  It is okay to communicate with me via E-mail.

### **DECEDENT**

#### **Personal Information:**

Name(s):

\_\_\_\_\_  
Name as regularly signed (E.g. name on checks)

\_\_\_\_\_  
Name(s) as appears on assets (house, stocks, bonds, savings accounts, etc)

Date of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

County: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different than above)

Date of Birth: \_\_\_\_\_

**Marital Status:**

\_\_\_ Single (never married)

\_\_\_ Married; Date of Marriage: \_\_\_\_\_

\_\_\_ Divorced; Date: \_\_\_\_\_. Full name of prior spouse: \_\_\_\_\_

\_\_\_ Widowed; Date: \_\_\_\_\_. Full name of deceased spouse: \_\_\_\_\_

**Date of Will:** \_\_\_\_\_ **Date of Codicil(s) (if applicable):** \_\_\_\_\_

**Heir(s) to Estate:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Office use:  
 N  
 V  
 C

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**Heir(s) to Estate:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Office use:  
 N  
 V  
 C

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**Heir(s) to Estate:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Office use:  
 N  
 V  
 C

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**Heir(s) to Estate:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Office use:  
 N  
 V  
 C

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**PERSONAL REPRESENTATIVE(S)**

**Personal Representative(s), acting as:**

- Sole Agent      Co-agent
- Co-agent, acting separately      Successor agent

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Why should this person be the Personal Representative?

\_\_\_ Nomination by the will

\_\_\_ Statutory Priority

\_\_\_ Other (explain): \_\_\_\_\_

**Personal Representative(s), acting as:**

- Sole Agent      Co-agent
- Co-agent, acting separately      Successor agent

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Why should this person be the Personal Representative?

\_\_\_ Nomination by the will

\_\_\_ Statutory Priority

\_\_\_ Other (explain): \_\_\_\_\_

**GENERAL QUESTIONS.**

- 1.1 Have Federal Gift Tax Returns ever been filed? \_\_\_ Yes \_\_\_ No.  
If Yes, attach copies of all gift tax returns.
- 1.2 Did the decedent make any taxable gifts that were not reported on a gift tax return?  
\_\_\_ Yes \_\_\_ No.  
If yes, provide date of the gift, type of property given (cash, real property, etc.) amount of gift, and the name(s) and address of the donee(s).
- 1.3 Other than cash, did the decedent receive by gift (other from spouse) any property within three years prior to the decedent's date of death? \_\_\_ Yes \_\_\_ No.  
If Yes, provide description of property, date of gift and the name and address of the person who gave the decedent the property.
- 1.4 Did the decedent, at any time, transfer property reserving in whole or in part, the use, possession, income or enjoyment of such property? \_\_\_ Yes \_\_\_ No.  
If Yes, attach a description of such reservation.

- 1.5 Did the decedent complete a personal property memorandum or gift list?  
 Yes  No.  
 If Yes, attach copy of memorandum or gift list.
- 1.6 Did the decedent, at the time of death, own any interest in a partnership, limited liability company, or closely-held corporation?  Yes  No.  
 If Yes, attach copies of organizational and operating documents, certificates, buy/sell agreements and income tax returns for entity.
- 1.7 If the decedent's spouse predeceased the decedent, attach copies of the predeceased spouse's trust agreements, last will and testament, estate tax return (if no estate tax return was filed attach probate inventory)
- 1.8 Were there in existence at the time of the decedent's death any trusts not created by the decedent under which the decedent possessed any power, beneficial interest or trusteeship?  Yes  No.  
 If Yes, attach copies of trust agreement along with inventory of trust assets.
- 1.9 Did the decedent execute a prenuptial or post nuptial agreement?  Yes  No.  
 If Yes, attach a copy of the agreement.
- 1.10 Did the decedent at the time of death have, or have access to a safe deposit box?  
 Yes  No.  
 If Yes, provide location and if held in joint names of the decedent and another, state name and relationship of joint depositor, and describe contents of safe deposit box.

---



---



---

**PART 2. REAL ESTATE.**

- 2.1 Did the decedent own any real property at the time of death?  Yes  No.  
 Indicate if you plan to sell any of the listed property during the period of administration.

**Property**

- 2.2 If Yes, provide the following information for each property owned by the decedent:
- i. Copy of last deed.
  - ii. If property is leased, provide copy of current lease agreement and the amount of any unpaid rent as of the decedent's date of death.
  - iii. Last property tax statement.
  - iv. The amount the property was insured for.
  - v. Indicate if property has any environmental concerns.

2.1.2. Type of property (residential, vacant land, commercial, farm land, etc).

---

2.1.3 Date the decedent acquired the property. \_\_\_\_\_.

How did decedent acquire the property (purchase, gift, inherited, like-kind exchange, etc.) \_\_\_\_\_.

If purchased, provide the amount of purchase price. \_\_\_\_\_.

If the property was acquired by gift, inheritance or by a like-kind exchange, provide the decedent's tax basis \_\_\_\_\_.

### **PART 3. OIL AND GAS, MINERAL RIGHTS**

3.1 List any mineral rights, oil and gas interests, water rights owned by the decedent as of the date of death. Include the legal description of the property and amount of annual royalty or rental payments. Attach copy of oil and gas lease or deed that created the mineral or water right.

---

---

---

### **PART 4. STOCKS AND BONDS**

4.1 List all stocks, bonds, mutual funds, and other securities owned by the decedent as of the date of death. Provide copies of each stock certificate and copies of each bond owned by the decedent. If the decedent did not possess a certificate or bond, provide copies of all brokerage statements or mutual fund statements for the year of death and the year end brokerage statements or mutual fund statements for the year prior to the year of death.

---

---

---

### **PART 5. MORTGAGES, NOTES AND CASH.**

5.1. List all financial institutions where the decedent maintained accounts, including, checking, savings, money market accounts and certificates of deposits. For each account, attach bank statements for the month prior to date of death, the month of the date of death and the month after the date of death.

---

---

---

5.2 If the decedent loaned money to another person or sold property on contract (do not include notes or amounts payable by the decedent), attach copies of all contracts or promissory notes that evidences the debt, copies of the mortgage or deed of trust that secures the note, copies of the amortization schedule (that reflect the unpaid balance), and a statement showing all past payments made on the note or contract. If the loan was not evidenced by a

written promissory note, provide original amount of loan, interest rate, unpaid balance as of the date of death and the date of maturity.

---

---

---

5.3 List the amount of cash, if any, the decedent had in his/her possession as of the date of death. Indicate where cash was located.

---

---

---

5.4 List any contracts (or options) signed by the decedent to sell land or other property. Provide copies of all contracts.

---

---

---

**PART 6. LIFE INSURANCE.**

6.1 List all insurance policies that the decedent possessed any incidents of ownership. Include the name of the insurance company, policy number, the amount of death benefit, and the name of the beneficiary. Include a copy of the life insurance check if already received, and Form 712, if available.

---

---

---

**PART 7. JOINTLY OWNED PROPERTY.**

7.1 If the decedent owned property with another person(s) as joint tenants (other than surviving spouse), identify the account owned in joint tenancy and provide the name, address of each surviving co-tenant.

---

---

---

7.2 If the decedent contributed less than 100% to the property owned in joint tenancy with someone other than the surviving spouse, identify account and indicate the amount of the decedent's contribution.

---

---

---

**PART 8. MISCELLANEOUS PROPERTY.**

8.1 Did the decedent at the time of death own any articles of artistic or collectible value in excess of \$3,000, or any collections whose artistic or collectible valued combined at the date of death exceeded \$10,000. \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, provide a complete description of collection, the amount the collection is insured for, and last appraisal.

---

---

---

8.2 Will the decedent, the decedent's spouse, or any other person receive (or will receive) an award, compensation, or bonus or other payment as a result of the decedent's employment or death. \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, provide amount of such award, compensation, bonus or other payment and to who paid.

---

---

---

8.3 List the year, make, model and VIN of all automobiles, boats, airplanes, or other vehicles owned by the decedent. Include copies of titles and approximate value.

---

---

---

8.4 Provide a total value (excluding items listed at 8.1 above) of all household goods and other personal property owned by the decedent.

---

---

---

8.5 Provide information for the following items, if the decedent possessed any rights to:

- (a) refund of any income tax.
- (b) a judgment or claim for money against another person
- (c) reversionary or remainder interest in property.
- (d) interest in a trust fund (provide copy of trust document)
- (e) farm products and growing crops
- (f) farm machinery

---

---

---

**PART 9. POWERS OF APPOINTMENT.**

9.1 Did the decedent possess or release any general power of appointment?  
\_\_\_\_\_ Yes \_\_\_ No.

If Yes, provide copy of the documents that granted the decedent a power of appointment and indicate the date or dates in which appointment was exercised or released.

---

---

---

**PART 10. RETIREMENT ACCOUNTS.**

10.1 Did the decedent receive distributions from or the owner of a qualified pension or profit-sharing plan, or individual retirement account? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, list the name of each financial institution where the decedent maintained the retirement account, provide copies of all retirement account statements from the financial institution for the year of death and the year end statements for the year prior to the year of death. Include plan documents that show the name and address of the beneficiary and contingent beneficiary.

---

---

---

**PART 11. ANNUITIES.**

11.1 Was the decedent receiving distributions from or the owner of a qualified or nonqualified annuity? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, attach a copy of the annuity contract and the date and amount of the last payment. Include last beneficiary designation of annuity contract and if payments are to continue or terminate after the death of the decedent.

---

---

---

**PART 12. FUNERAL EXPENSES, DEBTS OF THE DECEDENT, MORTGAGES, EXPENSES AND LIENS.**

12.1 List all funeral expenses and attach copies of canceled checks or invoices.

---

---

---



12.2 Do you plan to take a fee for serving as Trustee (Personal Representative)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, indicate if you plan to base your fee on an hourly charge, a percentage of the estate, or a fee schedule. Indicate the amount of your hourly charge, the percentage or attach a copy of the fee schedule.

---

---

---

12.3 List all creditors of the decedent, and provide name and address of the creditor, and the amount of claim. Indicate if the amount of the claim may be disputed or if the claim is based upon past services or is being made by a beneficiary named under the will or trust, a family member or companion.

---

---

---

12.4 List all debts owed by the decedent as of the date of death such as unpaid medical expenses, credit card bills, mortgages and other monthly obligations. Provide the name and address of the creditor, the outstanding balance due and if the debt is secured by property, the legal description of the property. Indicate if the amount of the debt is in dispute.

---

---

---

**PART 13. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, please explain

---

---

---

Do any of the heirs or beneficiaries have pending lawsuits, judgment liens, bankruptcy, or past due child support or alimony obligations. If Yes, please identify beneficiary.

**PART 14. ACCOUNTANT, FINANCIAL ADVISOR.**

14.1 Name of CPA: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

14.2 Name of Financial Advisor: \_\_\_\_\_  
Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**PART 15. ATTACHMENTS (Please bring these to your office conference)**

- 15.1 **DECEDENT'S ORIGINAL WILL, ALL CODICILS AND TRUST DOCUMENTS**
- 15.2 If the value of the decedent's estate is more than \$5,000,000.00, provide the decedent's last three years bank statements with canceled checks and deposits.
- 15.3 Attach copies of the decedent's last three years income tax returns.

**Please use additional pages if necessary.**

From what sources did you hear about our Law Office? \_\_\_\_\_

Referred by: \_\_\_\_\_

I hereby represent to The Law Offices of Bradley J. Frigon that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Dated: \_\_\_\_\_.

\_\_\_\_\_  
Name of person who prepared this form

\_\_\_\_\_  
Signature