DIYFLAPROBATE.COM

PRELIMINARY INFORMATION FORM

Please complete this form and forward it to *info@diyflaprobate.com*. The form will be used for your free initial evaluation of the case to see if it meets the criteria for Summary Administration in Florida. The information you provide is kept confidential on our secured server and will not be used or published to any other person or entity. Please provide as much of the requested information that you have for an accurate evaluation.
Thank you for trusting DIYFLORIDAPROBATE to assist you with this matter.

I. YOUR INFORMATION:

Name _____ Address _____
Email Address _____ Telephone Number _____
Date of Birth _____ Relationship to Decedent _____

II. DECEDENT INFORMATION:

Full Legal Name _____
Residential Address at time of death _____
_____, FL _____
Date of Death _____
Did Decedent have a Will ____. If yes, are you in possession of the original _____

III. ASSETS: (*Summary Probate is available for a person whose estate value is less than $75,000, OR, a person who died more than 2 years ago regardless of value. For valuation purposes, Homestead property is not included, nor is up to $10,000 in other personal property*).

Homestead Real Property:

Did the Decedent own Homestead Real Property _____.
If yes, address of property _____
_____

Was the Decedent survived by a spouse _____ or minor child _____
If yes, please provide their name(s). _____
_____

Other Real Property: (*If the Decedent owned any other real property please provide the address of the property, the value of the property at the time of death, and whether the property is mortgaged or there is any other debt on same).*

_____
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Financial Accounts: (*Please List all accounts (checking, savings, investment, etc) owned by the Decedent at the time of death. Please state the balance/value of each account and whether the account(s) have a named beneficiary or co-owner. DO NOT include account numbers)*

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Automobiles: (*Please list all vehicles, RV's or other titled motor vehicles owned by the Decedent at the time of death. For each vehicle, please list the value of the vehicle, whether there is a debt owed on the vehicle and whether there is a joint owner or other person's name on the title).*

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Other Assets (*Any other assets owned solely by the Decedent or titled in Decedent's name alone that you believe need to be included in the probate case*)

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IV. DEBTS OWED/KNOWN CREDITORS: (*Any other debts owed by the Decedent at the time of death, including credit card debt, personal loans, medical bills, etc. For each debt owed, please provide the name of the creditor and the approximate amount owed at the time of death. If NONE, please say NONE).*

_____
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V. DECEDENT FAMILY INFORMATION: (*Please provide the name and address for each person listed below. If deceased, please list the date of death if you know it. For any children, please list their age*)

Spouse: _____

Mother: _____

Father: _____

Children:

(Name) (Son/Daughter). (Address) (Age)

_____
_____
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_____
_____

Siblings of Decedent:

(Name) (Brother/Sister). (Address) (Age)

_____
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_____

Other beneficiaries listed in a will that are not included above: *(Please provide their name(s), relationship to the decedent (if any) and their ages. If "NONE" please say NONE)*
(Name) (Relationship). (Address) (Age)
_____
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Any other information you believe would be important for us to know in evaluating this case for a summary judgment proceeding or additional information above that needed more room to include
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THANK YOU for the information. Please forward it to us for evaluation and we will be back in touch within 48 hours. If you are in possession of an original will, Florida law requires that you deposit it with the Clerk of the Court in the county of the decedent's domicile (where they lived at the time of their death) within 10 days of the decedent's date of death. Until the original will is deposited with the Clerk of the Court, please safeguard it so that it can be properly filed and probated.