



Office 2404 Bank Drive, Suite 301
Boise, Idaho 83705

Mailing PO Box 50269
Boise, Idaho 83705

Phone 208-917-1161
Fax 208-576-6099
Website www.lawalternativesidaho.com

PROBATE WORKSHEET

Decedent's Full Legal Name: _____

Decedent's Date of Death: _____

Age at Death: _____

Did the Decedent have a Will:

- Yes. Date of Will: _____. Please provide **original will.**
- No.

If the Decedent had a Will, please provide the name, address and telephone number of the individual(s) nominated to act as Executor/Personal Representative:

Name: _____

Address: _____

Phone number: _____

Email address: _____

Name: _____

Address: _____

Phone number: _____

Email address: _____

Please list the name, address, and relationship of the Decedent's spouse (if married), children, and any beneficiaries named in Decedent's Will (if the Decedent had a Will). If any person is under the age of 18, please list their age.

Name	Address and email address, if available	Relationship (i.e., spouse, child) and Age, if under 18 years

Please list all KNOWN creditors of the Decedent, including those in the following categories:

Creditor	Address	Amount due
Mortgage(s)		
Other Secured Loans		
Car Loans		
Credit Cards		
Taxes (real estate, state, federal, other)		
Medical Bills		
Funeral /Burial Expenses (if these were paid by a family member, please note)		
Other Creditors/Debts		

Please list all assets owned by the Decedent at his/her death, including the following:

Asset	Value	Lien /Loan Against Asset
Real Property		
1.		

2.		
3.		
Vehicles		
1.		
2.		
3.		
Bank /Investment/Retirement Accounts & Account Number		
1. Checking Account		
2. Savings Account		
3. Investment/Brokerage Accounts and/or Individual Shares of Stock		
4. Retirement/Pension Accounts		
5. Jewelry, Personal Property (just provide an approximate fair market value, unless there are specific items with significant value which can be listed individually)		