
Law Office of Michelangelo Mortellaro, P.A.
Attorney and Counselor at Law

13528 Prestige Place, Suite 106, Tampa, FL 33635

Phone: 813-367-1500

www.mortellarolaw.com

Fax: 813-367-1501

ESTATE INTAKE FORM

NAME OF DECEDENT: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____ **DATE OF DEATH:** _____

SOCIAL SECURITY NUMBER: _____

LOCATION OF WILL, IF ANY: _____

DATE OF WILL: _____

SELF PROVED: _____

LOCATION OF CODICIL, IF ANY: _____

DATE OF CODICIL: _____

PERSONAL REPRESENTATIVE NAMED IN WILL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT: _____

SOCIAL SECURITY NUMBER: _____

ALTERNATE NAMED: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT: _____

SOCIAL SECURITY NUMBER: _____



ANYONE PETITIONING THE COURT TO BE APPOINTED PERSONAL REPRESENTATIVE MUST READ AND INITIAL THE FOLLOWING STATEMENT:

I AM OVER THE AGE OF 18, HAVE NEVER BEEN ADJUDICATED GUILTY OF A FELONY, AND HAVE NEVER BEEN ADJUDICATED MENTALLY OR PHYSICALLY INCAPACITATED.

INITIAL

INITIAL

BENEFICIARIES OR HEIRS AT LAW:

DECEDENT'S SPOUSE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DECEDENT'S CHILDREN:

CHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 2: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 3: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

CHILD # 4: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

OTHER BENEFICIARIES:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

ASSETS:

SAFE DEPOSIT BOX: **YES:** _____ **NO:** _____

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **DOD VALUE:** _____

HOW TITLED: _____

HOMESTEAD: **YES:** _____ **NO:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **DOD VALUE:** _____

HOW TITLED: _____

HOMESTEAD: **YES:** _____ **NO:** _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

MORTGAGES AND NOTES (RECEIVABLE):

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

MORTGAGOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

DATE OF DEATH VALUE: _____

INSURANCE ON DECEDENT'S LIFE:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

DOCUMENTS NEEDED BY THIS OFFICE:

_____ DEATH CERTIFICATE

_____ SHORT FORM (W/OUT CAUSE OF DEATH)

_____ LONG FORM (WITH CAUSE OF DEATH)

_____ PAID FUNERAL BILL

_____ REAL ESTATE DEEDS

_____ VEHICLE TITLES

_____ COPIES OF ANY BILLS/CREDITORS ADDRESSES

_____ LAST WILL AND TESTAMENT (ORIGINAL)

_____ CODICILS (IF APPLICABLE)