

2024
PROBATE CLIENT INFORMATION FORM

for the exclusive use of

POSTIC & BATES

A T T O R N E Y S A T L A W

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All information that you provide to POSTIC & BATES using this form is confidential
and protected from forced disclosure by the attorney-client privilege.

DECEDENT INFORMATION:

FULL AND LEGAL NAME: _____

IF DECEDENT WENT BY OTHER NAMES, WRITE HERE: _____

ADDRESS AT DEATH: _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: MALE/FEMALE

DATE OF BIRTH: _____ DATE OF DEATH: _____

WAS DECEDENT A U.S. CITIZEN? ☐ Yes ☐ No [If not, give citizenship: _____]

MARITAL STATUS OF DECEDENT: _____ MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED

DECEDENT'S SPOUSE:

FULL AND LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: MALE/FEMALE

DATE OF BIRTH: _____ IF DECEASED, DATE OF DEATH: _____

DATE OF MARRIAGE: _____

IS THE SURVIVING SPOUSE THE PARENT OF ANY OF DECEDENT'S CHILDREN? _____

IF YES, WHICH CHILDREN? _____

RESIDENTIAL ADDRESS: _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): (List in the order we should use to call)

<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other

EMAIL ADDRESS: _____

IS SPOUSE A U.S. CITIZEN? ☐ Yes ☐ No [If not, give citizenship: _____]

DECEDENT'S CHILDREN

1. Child's Full and Legal Name: _____
Also child of Decedent's spouse? ☐ Yes ☐ No

Residential Address: _____
(Street Address including Apt. or Suite)

(City, State, and Zip Code)

Telephone Number: _____ Social Security No.: _____

Date of birth: _____ If deceased, date of death: _____

Child's spouse, if married: _____

If child is deceased, list the children of this child (Name/Age):

_____/____	_____/____
_____/____	_____/____

2. Child's Full and Legal Name: _____
Also child of Decedent's spouse? ☐ Yes ☐ No

Residential Address: _____
(Street Address including Apt. or Suite)

(City, State, and Zip Code)

Telephone Number: _____ Social Security No.: _____

Date of birth: _____ If deceased, date of death: _____

Child's spouse, if married: _____

If child is deceased, list the children of this child (Name/Age):

_____/_____

_____/_____

_____/_____

_____/_____

3. Child's Full and Legal Name: _____
Also child of Decedent's spouse? ☐ Yes ☐ No

Residential Address: _____
(Street Address including Apt. or Suite)

(City, State, and Zip Code)

Telephone Number: _____ Social Security No.: _____

Date of birth: _____ If deceased, date of death: _____

Child's spouse, if married: _____

If child is deceased, list the children of this child (Name/Age):

_____/_____

_____/_____

_____/_____

_____/_____

4. Child's Full and Legal Name: _____
Also child of Decedent's spouse? ☐ Yes ☐ No

Residential Address: _____
(Street Address including Apt. or Suite)

(City, State, and Zip Code)

Telephone Number: _____ Social Security No.: _____

Date of birth: _____ If deceased, date of death: _____

Child's spouse, if married: _____

If child is deceased, list the children of this child (Name/Age):

_____/_____
_____/_____

5. Child's Full and Legal Name: _____
Also child of Decedent's spouse? ☐ Yes ☐ No

Residential Address: _____
(Street Address including Apt. or Suite)

(City, State, and Zip Code)

Telephone Number: _____ Social Security No.: _____

Date of birth: _____ If deceased, date of death: _____

Child's spouse, if married: _____

If child is deceased, list the children of this child (Name/Age):

_____/_____
_____/_____

LIST OTHER HEIRS AND BENEFICIARIES

“Heirs” are the people who are (or would be) entitled by law to inherit from the Decedent’s estate if there is no Will. **“Beneficiaries”** are the people listed in the Will to receive real or personal property.
[IF ANY HEIR OR BENEFICIARY IS A MINOR, WRITE “MINOR” NEXT TO THEIR NAME]

1. Name: _____
Relationship: _____
Address: _____

Telephone: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone: _____

4. Name: _____
Relationship: _____
Address: _____

Telephone: _____

5. Name: _____
Relationship: _____
Address: _____

Telephone: _____

6. Name: _____
Relationship: _____
Address: _____

Telephone: _____

7. Name: _____
Relationship: _____
Address: _____

Telephone: _____

8. Name: _____
Relationship: _____
Address: _____

Telephone: _____

9. Name: _____
Relationship: _____
Address: _____

Telephone: _____

10. Name: _____
Relationship: _____
Address: _____

Telephone: _____

10. Name: _____
Relationship: _____
Address: _____

Telephone: _____

11. Name: _____
Relationship: _____
Address: _____

Telephone: _____

**[TO HELP MAKE FAMILY RELATIONSHIPS CLEAR, WE SUGGEST
YOU DRAW A FAMILY TREE AND RETURN IT WITH THIS FORM.]**

PERSONAL REPRESENTATIVE(S)/SUCCESSOR TRUSTEE(S)

Provide information on the individual(s) who will apply to serve as the Personal Representative (also known as the Executor or Administrator) of the Decedent's estate or, if this is to be the administration of a Trust, on the individual(s) who are to serve as the Trustee(s) or Successor Trustee(s) of the Trust.

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): (List in the order we should use to call)

<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT (IF ANY): _____

IF MORE THAN ONE PERSON IS SERVING, PROVIDE INFORMATION FOR THE SECOND PERSON:

FULL AND LEGAL NAME: _____

MAILING ADDRESS: _____
(Street Address, including Apt. or Suite)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER(S): (List in the order we should use to call)

<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
<input type="checkbox"/> _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cellular	<input type="checkbox"/> Fax	<input type="checkbox"/> Other

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT (IF ANY): _____

DECEDENT'S LAST WILL AND TESTAMENT

☐ **There IS a Last Will and Testament**

If the Decedent had a Last Will and Testament, the ORIGINAL must be filed for probate.

"Every custodian of a will, within thirty days after receipt of information that the maker thereof is dead, must deliver the same to the district court having jurisdiction of the estate, or to the executor named therein." OKLA. STAT. tit. 58, § 21. If the original cannot be found, it is possible to probate a copy; however, doing so can be very difficult and is not always successful. Do your best to locate the original Will.

IF YOU HAVE THE ORIGINAL WILL, DELIVER IT TO OUR OFFICE AS SOON AS POSSIBLE.

1. Are you aware of any amendments (Codicils) to the Will? ☐ Yes ☐ No

a. If you answered "Yes," provide the original signed Codicil(s).

b. If you answered "Yes" but do not have the original, tell us who has it:

Name of custodian of Codicil(s): _____

Address: _____

Phone number: _____

IF YOU DO NOT HAVE THE ORIGINAL WILL, PROVIDE THE FOLLOWING:

2. Contact information of person believed to have the original Will:

Name of custodian of Will: _____

Address: _____

Phone number: _____

3. If the original Will cannot be located, do you have a copy? ☐ Yes ☐ No

4. If the original Will cannot be located, when was it last seen? _____

5. If the original Will cannot be located, provide contact information for at least two witnesses who can testify they saw the Will *after* the Decedent died.

a. Name of Witness: _____

Address: _____

Phone: _____

b. Name of Witness: _____

Address: _____

Phone: _____

☐ **THERE WAS NO LAST WILL AND TESTAMENT**

DECEDENT'S FINANCIAL INFORMATION

WE NEED TO KNOW AS MUCH AS POSSIBLE ABOUT THE DECEDENT'S ASSETS AND DEBTS. FOR THAT REASON, PLEASE PROVIDE THE FOLLOWING INFORMATION AND DOCUMENTS:

1. **OVERALL:** Provide a best-guess estimate of the value of the Decedent's real property (e.g., land, minerals, royalty interests, etc.) and personal property (e.g., financial accounts, motor vehicles, etc.). This information can be changed later, but an estimate is needed for the probate petition.

REAL PROPERTY: \$ _____ PERSONAL PROPERTY: \$ _____

2. **FOR REAL ESTATE:** Bring us a copy of your deed or other evidence of title giving the legal description of the property and showing how it is owned and let us know:
 - (1) the address of the property;
 - (2) an estimated value of the property; and
 - (3) what it is used for (e.g., primary residence, vacation home, investment).
3. **FOR MINERAL INTERESTS:** Bring us a copy of the mineral deed or other title evidence giving the legal description of the interest and showing how the interest is titled and let us know:
 - (1) the estimated value of the interest (how much income it produces in a year); and
 - (2) who is currently leasing the interest or paying you income on it.
4. **FOR FINANCIAL ACCOUNTS AND RETIREMENT ACCOUNTS:** Bring us a copy of a recent account statement showing the **full account number** and how the account is owned and the date-of-death value of the account. Additionally, if the account named either a joint owner or a beneficiary, we will need contact information for the joint owner or beneficiary if you are claiming any rights in the account. (NOTE: The designation of a joint owner or beneficiary usually means the account will not be subject to probate or to the provisions of a Will or Trust.)
5. **FOR STOCKS, BONDS, AND OTHER INVESTMENTS NOT HELD IN BROKERAGE ACCOUNTS:** Bring us a copy of each stock certificate, bond, partnership or operating agreement, or other evidence of ownership – including evidence of any small businesses the Decedent owned – showing how the securities are titled. **We will need to have you either assign a value to them or inquire as to the value of the asset, particularly if it is not a publicly traded security.**
6. **FOR LIFE INSURANCE POLICIES AND/OR ANNUITY CONTRACTS:** Bring us a copy of the policy and/or contract and the most recent report from the insurer showing its value and benefits, including beneficiary designations.
7. **FOR AUTOMOBILES, AIRCRAFT AND WATERCRAFT:** Bring us a copy of the certificate of title showing the owner of the vehicle and its make, model, year, and vehicle identification number (VIN). Also let us know the approximate value of the vehicle.
8. **FOR DEBTS AND LIABILITIES:** Bring us a copy of the most recent account statement, invoice, or other information regarding each debt or liability of the Decedent.