

**PROBATE DATA PACKET**

**ESTATE OF**

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**MAILING ADDRESS**

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**A. DECEDENT**

1. Decedent's name (include aka):
2. Decedent's social security number:
3. Date of birth:
4. Place of birth:
5. Date of Death:
6. Residence at time of death:
7. County of residence:
8. State of residence:
9. Business or occupation:
10. Age at death:
11. Cause of death:
12. Length of last illness:
13. Decedents' spouse's name:
  - a. Predeceased spouse's date of birth:
  - b. Predeceased spouse's date of death:
  - c. Predeceased spouse's Social Security number:

**B. SAFE DEPOSIT BOX**

1. Did decedent have a safe deposit box:
2. Address of bank safe deposit box is located:
3. Title in name of:
4. Name of co-tenant:
5. Name of county treasurer representative who will supervise inventory of safe

deposit box:

- 6. Date set for opening and inventory of safe deposit box:
- 7. Has a copy of safe deposit inventory been obtained:

C. **NAMES AND ADDRESSES OF SPOUSE, CHILDREN, PARENTS, BROTHERS AND SISTERS, DEVISEES, HEIRS, OR OTHER INTERESTED PERSONS (if any of the foregoing have predeceased, please provide the date of death).**

<u>Name and Addresses</u>	<u>Relationship and Interests (all)</u>	<u>Adult or DOB (if minor)</u>	<u>Date of Death</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**D. CASH AND BANK ACCOUNTS**

	Bank Name/ Address/Tel. #	Type and Account No.	Ownership (Joint or Sole)	Date of Death Value
1.				
2.				
3.				
4.				
5.				

**E. REAL ESTATE.**

1. Homestead:  
  
County:  
Address:  
Ownership (Joint or Sole):  
Assessor's estimated Market Value:  
Date of Death Value:  
Encumbrance:  
Legal Description (attach copy if necessary):
  
2. Other:  
  
County:  
Address:  
Ownership (Joint or Sole):  
Assessor's estimated Market Value:  
Date of Death Value:  
Encumbrance:  
Legal Description (attach copy if necessary):

**F. SECURITIES.**

Brokerage Name/ Address/Tel. #	Type and Account No.	Ownership (Joint or Sole)	Date of Death Value
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1.

2.

3.

4.

5.

**G. LIFE INSURANCE/ANNUITIES.**

Company Name/ Address/Tel. #	Policy No.	Beneficiary (Estate or Other)	Amount Payable Upon Death
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1.

2.

3.

4.

5.

## H. TANGIBLE PERSONAL PROPERTY

### 1. Automobiles:

Make:  
Model:  
Lien:  
Ownership (joint or sole):  
Date of Death Value:

Make:  
Model:  
Lien:  
Ownership (joint or sole):  
Date of Death Value:

### 2. Furniture and Household Goods:

Lien:  
Ownership (joint or sole):  
Date of Death Value:

### 3. Wearing Apparel and Ornaments:

Lien:  
Ownership (joint or sole):  
Date of Death Value:

### 4. Property of Sentimental Value:

Claimed By:  
Ownership (joint or sole):  
Date of Death Value:

### 5. Other:

Lien:  
Ownership (joint or sole):  
Date of Death Value:

**I. FUNERAL AND LAST ILLNESS EXPENSES**

**1. Funeral Home:**

Name, Address and Telephone No.:

Expenses:

Burial Site:

Monument:

Flowers:

Other Funeral Related Expenses:

Reimbursement:

Who:

What For:

Amount:

**2. Last Illness:**

Doctor's Name, Address and Telephone No.:

Dates of Service:

Amount of Medical Bill:

Applicable Insurance:

Reimbursement:

Who:

What For:

Amount:

Hospital Name, Address and Telephone No.:

Dates of Service:

Amount of Medical Bill:

Applicable Insurance:

Reimbursement:

Who:

What For:

Amount:

**J. OTHER DEBTS.**

	Creditor Name/ Address/Tel. #	Date of Claim	Amount Of Claim	Date Paid
1.				
2.				
3.				
4.				
5.				