



**Nnaka & Associates,  
Chartered.**

**A FULL SERVICE LAW FIRM**



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## PROBATE CASE PROFILE

### CASE INFORMATION

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone number: \_\_\_\_\_

### DECEDENT INFORMATION

Name: \_\_\_\_\_

City of domicile at time of death: \_\_\_\_\_ (please include address)

County of domicile at time of death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Will: \_\_\_\_\_

Veteran: \_\_\_\_\_ (yes or no)

Medicaid Recipient: \_\_\_\_\_ (yes or no)

### DECEDENT'S PERSONAL REPRESENTATIVE INFORMATION

Named Executor in the Will: \_\_\_\_\_

### DECEDENT'S SPOUSE INFORMATION

Name: \_\_\_\_\_ (if none or spouse deceased indicate accordingly)

**DECEDENT'S BENEFICIARIES INFORMATION**

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

(if there are more beneficiaries please include their information)

This form does not ask for all necessary information needed to probate a will, it is only intended to give the attorney an overview of the facts. If you feel that there is other pertinent information please include it when returning this form to the attorney.