



**Nnaka & Associates,
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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.