

**NIKKI A. URI**

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**New Case Information Form  
PROBATE**

1. Decedent Information

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

Last Known Address: \_\_\_\_\_

Domicile County/State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Age at Death: \_\_\_\_\_

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

2. Petitioner(s) Information

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

Relationship to Deceased: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Inventory Information

Asset

Estimated Value

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4. Beneficiary(ies) Information

Name

Address

Relationship

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5. Asset Distribution to Beneficiary(ies)

Name

Asset, Share, or Amount

6. Personal Representative(s)

For Corporate Personal Representative:

Name:

Agent:

Agent's Title:

Street Address:

Mailing Address:

For Individual Personal Representative:

Name:

Mailing Address:

Residence Address:

For Any Personal Representative:

County of Residence:

Phone Number:

Qualifications:

7. Resident Agent Information

Name:

Street Address:

Mailing Address:

County of Residence:

8. Attorney Information

Name:

Firm Name:

Address:

Phone Number:

Fax Number:

E-mail Address:

Florida Bar Number:

9. In the Circuit Court for \_\_\_\_\_ County, Florida – Probate Division

File No.:

Division:

10. Additional Information