



Probate Client Information Form

Date: _____ How did you hear about our office? _____

CLIENT INFORMATION (PLEASE PRINT LEGIBLY)

Your Full Legal Name: _____
Driver's License #: _____ SSN: _____ - _____ - _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ Phone No: (_____) _____
E-mail Address: _____

DECEDENT INFORMATION (PLEASE PRINT LEGIBLY)

Decedent Full Legal Name: _____
Other Names Decedent Has Been Known By: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ City and County of Death: _____
Driver's License #: _____ SSN: _____ - _____ - _____
Date of Birth: ____/____/____ Date of Death: ____/____/____ Has a death certificate? **YES NO**
Has an Executed Will? **YES NO** Will Execution Date: ____/____/____
When Did You Meet the Decedent (Month/Year) _____ Relationship to Decedent: _____
IF MARRIED: Full Legal Name of Spouse: _____
Date of Marriage: ____/____/____ Place of Marriage: _____
Date of Divorce, If Applicable: ____/____/____ Place of Divorce, If Applicable: _____
Was Decedent Married Previously? **YES NO** *If Yes, How Many Times?* _____
How Many Children Did Decedent Have? _____

If there is **NO WILL**: List **TWO** people (**not relatives**) who knew the decedent:
Person 1: Full Legal Name: _____ Relationship to decedent: _____
Address: _____ How long did they know decedent: ____ yrs
Person 2: Full Legal Name: _____ Relationship to decedent: _____
Address: _____ How long did they know decedent: ____ yrs

REAL ESTATE AND DEBT (PLEASE PRINT LEGIBLY)

Mortgage Company: _____
Year home acquired: _____ Outstanding Balance: \$ _____
Is there a line of credit? **YES NO** Home Equity Amount: \$ _____
Please any debt, other than those secured by real estate, owed by Decedent: _____

Was Decedent on Medicaid? **YES NO** Was Decedent in process of applying for Medicaid? **YES NO**

MISC PROPERTY (PLEASE PRINT LEGIBLY)

Please list any property, bank accounts, life insurance, stock/bonds, etc. owned by Decedent that did **NOT** have a beneficiary listed: _____

Please list all motor vehicles, including make, model and year owned by Decedent: _____

What are the main concerns that brought you to our office in regard to this matter? _____

*****TO BE COMPLETED BY ATTORNEY*****

DECEDENT RELATIVE INFORMATION (I.E. SPOUSE, CHILDREN, AND/OR SIBLINGS)

PERSON #1:	RELATION: _____
Name: _____	
Home Address: _____	
City: _____ State: _____ Zip Code: _____	
County of Residence: _____ DOB: _____	
E-mail Address: _____	

PERSON #2:	RELATION: _____
Name: _____	
Home Address: _____	
City: _____ State: _____ Zip Code: _____	
County of Residence: _____ DOB: _____	
E-mail Address: _____	

PERSON #3:	RELATION: _____
Name: _____	
Home Address: _____	
City: _____ State: _____ Zip Code: _____	
County of Residence: _____ DOB: _____	
E-mail Address: _____	

PERSON #4	RELATION: _____
Name: _____	
Home Address: _____	
City: _____ State: _____ Zip Code: _____	
County of Residence: _____ DOB: _____	
E-mail Address: _____	

PERSON #5	RELATION: _____
Name: _____	
Home Address: _____	
City: _____ State: _____ Zip Code: _____	
County of Residence: _____ DOB: _____	
E-mail Address: _____	

ADDITIONAL NOTES: _____

Fee Basis:	<input type="checkbox"/> IA / IE <input type="checkbox"/> AOH <input type="checkbox"/> FSA <input type="checkbox"/> MOT <input type="checkbox"/> SEA <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Hourly → Retainer: \$ _____ <input type="checkbox"/> Flat Fee → \$ _____ <input type="checkbox"/> Contingent Fee \$ _____ Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Amt \$ _____ CC/Check/Cash
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