

PROBATE CLIENT INTAKE SHEET

Date: _____

Your privacy is important to me. The following information is for my records only, and will not be shared with, or given to anyone who is not affiliated with my Document Preparing Services without your permission, or as required by law.

You: _____
 First Middle Last DOB

Mailing: _____
 Street City State Zip

Physical: _____
 Street City State Zip

Ward/Decedent: _____
 First Middle Last DOB SSN

Date of Death: _____ **Name of Trust** (if applicable): _____

Your Relationship to the Ward/Decedent: Spouse _____, Parent _____, Child _____, Nominated in Will _____, OTHER: _____

WILL: YES _____, Is the Original Available? **YES _____**, or **NO _____**. If No Will, please provide full names, addresses and phone numbers of **ALL** family members, including parents if living, children if living, Siblings, and, the children of anyone who has passed.

Additional Questions or Information Needed; Please bring with you or use another page:

1. Are there Children from a former marriage? If so, please identify the best you can full names, addresses and phone numbers on a separate page.
2. An outline or list of what properties are in the estate, such as real estate, vehicles, bank accounts, brokerage accounts, retirement accounts, Life Insurance, and any other items will be needed.
3. Any outstanding debts left by the decedent will also be needed.
4. Do you have last year's tax return?

Your Contact Information (The Best ways I can reach you):

Home / Eve		Work / Day	
Cell / Msg		Text Msg	Yes _____ No _____
Email			

I understand that this is only an Initial Consultation. I understand that there is no duty to act until I have signed a written Fee agreement and have made payment in full. I understand that a Legal Document Preparer cannot give Legal Advice, Opinions, or Strategies and that their Service is Limited to Preparing, Filing, Recording and Arranging Service of Documents.

Signature **Date**

OFFICE USE ONLY:

1 st Conflicts Check: Date _____ Fee Quoted: _____ Paid: _____ 2nd Conflicts Check: Date _____	
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Everybody Related to the Ward / Decedent

SPOUSE:

First	Middle	Last	DOB
Mailing Address	City	State	Zip
Email	Phone	Alternate Phone	

CHILDREN:

First,

First	Middle	Last	DOB
Mailing Address	City	State	Zip
Email	Phone	Alternate Phone	

Second,

First	Middle	Last	DOB
Mailing Address	City	State	Zip
Email	Phone	Alternate Phone	

Third,

First	Middle	Last	DOB
Mailing Address	City	State	Zip
Email	Phone	Alternate Phone	

SIBLINGS:

First,

First	Middle	Last	DOB
Mailing Address	City	State	Zip
Email	Phone	Alternate Phone	

SIBLINGS cont.:

Second,

First	Middle	Last	DOB
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Mailing Address	City	State	Zip
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Email	Phone	Alternate Phone
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Third,

First	Middle	Last	DOB
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Mailing Address	City	State	Zip
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Email	Phone	Alternate Phone
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PARENTS:

Mother,

First	Middle	Last	DOB
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Mailing Address	City	State	Zip
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Email	Phone	Alternate Phone
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Father,

First	Middle	Last	DOB
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Mailing Address	City	State	Zip
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Email	Phone	Alternate Phone
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