

**PROBATE & ESTATES
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

Decedent Information

1. Name of Decedent: _____

2. Address at death: _____

3. Date of death: _____

4. Age: _____ Date of birth: _____

5. Social Security Number: _____
6. Cause of death: _____

Obtain death certificates. # needed: _____

7. Place of death: _____
8. Did the decedent have a Will: ____ Yes ____ No.
 If yes, date of Will and its location: _____

- List date of any codicil: _____

9. Any letters of direction to executor concerning the distribution of personal property or other assets?
 ____ Yes ____ No.
 If yes, date of letters and their location: _____

10. Marital status at death: ____ Married ____ Divorced ____ Separated ____ Single

11. If decedent was married at death, provide the following information on the spouse:

Name: _____

Address:

Age: _____ Date of birth: _____

Phone: _____ Social Security Number: _____

12. If decedent was previously married, provide the following information:

<u>Previous spouse's name</u>	<u>Method of marriage termination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. If decedent has any descendants living, state the following:

<u>Name</u>	<u>Address</u>	<u>S.S.#</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. List the following information about any other heirs of decedent:

<u>Name</u>	<u>Address</u>	<u>S.S.#</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Did any children, heirs or legatees predecease the decedent?

____ Yes ____ No

If so, list the following information for their heirs or descendants.

<u>Name</u>	<u>Address</u>	<u>S.S. #</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. List the following information for any legatee or devisee not otherwise mentioned above:

Name Address S.S # Relationship Phone

17. Is any heir, legatee or devisee of testator under any disability

or a minor: ____ Yes ____ No

If yes, specify who: _____

18. Is the person under disability receiving social security or any needs based assistance:
____ Yes ____ No

If yes, please specify: _____

Executor/Administrator Information

19. Name: _____

Address:

Age: _____ Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____

Address:

Age: _____ Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____

Address:

Age: _____ Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____

Address:

Age: _____ Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

May contact be made at work? ___ Best time(s) to call: _____

Asset Information

20. Real Estate:

<u>Address</u>	<u>Improvements</u>	<u>Tenants</u>	<u>Income</u>
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Appraisers to be used: _____

21. Bank Accounts:

<u>Bank</u>	<u>Acct. No</u>	<u>Type</u>	<u>Balance</u>	<u>Interest</u>	<u>Held?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. Cash on hand: \$ _____

23. Safe Deposit Box:

Bank: _____ Number: _____
Contents: _____

24. Vehicles:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Value</u>	<u>Loans</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

25. Stocks and Bonds:

<u>Company or Issuer</u>	<u># of shares or par value</u>	<u>D.O.D. value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Insurance Policies: (Beneficiary Estate)

<u>Name of Company</u>	<u>Owner</u>	<u>Policy #</u>	<u>Amount of Benefit</u>
_____	_____	_____	_____

27. IRA'S, Retirement Plans:

<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>	<u>Location</u>

28. Joint Assets:

<u>Type</u>	<u>Joint Owner</u>	<u>Value</u>	<u>Taxable</u>

29. Any prepaid burial plans? Yes No

If yes, specify: _____

30. Any cause of action: Yes No

If so, specify: _____

31. Other Assets:

<u>Type</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____

INSURANCE: casualty and liability on assets

Name of Co.

Agent & Address

Policy #

Real Estate: _____

Vehicles: _____

Other: _____

Debts of the Estate

32. For all outstanding debts owed by decedent list the following:

<u>Creditor</u>	<u>Creditors address</u>	<u>Purpose of debt</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Miscellaneous

33. Comments: _____

Obtain 3 years personal tax returns for possible other assets and to apply for a quick audit.

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct to the best of his/her knowledge and belief.

Dated: _____
_____ CLIENT

COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY.