

DAWN RICHARDS LAW

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PROBATE – INTAKE FORM [Confidential]

PERSONAL REPRESENTATIVE

Legal Name: _____

Other Names used: _____

Address: _____

Telephone: (home) _____ (cell) _____

E-Mail: _____

I give the office permission to communicate with me at the above email address.

Social Security No.: XXX-XX-_____ Age: _____

Relationship to decedent: _____

- Has Personal Representative ever been convicted of a Felony? YES NO
- Is Personal Representative a resident of Florida? YES NO
- Has Personal Representative ever been convicted of neglect or exploitation of an elderly person? YES NO

DECEDENT INFORMATION

Marital Status: Never married Divorced Widowed Married

Legal Name: _____

Other Names used: _____

Address at death: _____

County and State of Residency at death: _____

Date of Birth: _____

Social Security No.: XXX-XX-_____

Birthplace: _____

DOCUMENT REQUEST: None

- Deed or Deeds - YES NO
- Will or Wills - YES NO
- Death Certificate - YES NO
- Other Estate Planning Documents - YES NO

LIVING FAMILY MEMBERS OF THE DECEDENT: None

- Spouse _____
- Parents _____
- Children _____
- Siblings _____
- Other _____

LIST OF PROPERTY: None

DEBTS AND FINANCIAL OBLIGATIONS OF DECEDENT: None
