

**HARRELL LAW - CONFIDENTIAL CLIENT INTAKE FORM
FOR PROBATE & ESTATE CLIENTS**

DATE COMPLETED: _____

FULL LEGAL NAME:

First Middle Last

PHONE NUMBER: _____ CELL HOME WORK

Please note I contact clients primarily through e-mail. To ensure confidentiality, provide a non-work email address. If you wish to be contacted by US Mail instead, please check here .

E-MAIL ADDRESS: _____

RESIDENCE/MAILING ADDRESS:

Do you qualify for the Active/Retired Military, Police/Fire/EMT, or Healthcare Professional 10% discount? Yes

How did you learn about me? _____

A. GENERAL INFORMATION ABOUT DECEASED INDIVIDUAL

Name of the decedent:

Date of death:

PLEASE PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE _____

Your relationship to the decedent:

Residence at the time of death:

What was the marital status of the decedent at the time of their death?

Married Single Divorced Widowed Separated

Did the decedent have a Will? YES, dated _____ NO

PROVIDE THE ORIGINAL WILL (IF THERE IS ONE) _____

Who wishes to serve as Executor/Personal Representative?

Address:

Phone Number(s):

SSN:

DOB:

Relationship to decedent _____

Named in Will as Personal Representative? Yes No

B. INTERESTED PERSONS

Please list all heirs, including surviving spouse, children, and issue of any deceased children:

- Spouse Child Grandchild Other: _____

First	Middle	Last
-------	--------	------

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First	Middle	Last
-------	--------	------

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First	Middle	Last
-------	--------	------

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First	Middle	Last
-------	--------	------

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First	Middle	Last
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Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First	Middle	Last
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Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First Middle Last

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First Middle Last

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First Middle Last

Phone: _____

Email: _____

Address: _____

- Child Grandchild Other: _____

First Middle Last

Phone: _____

Email: _____

Address: _____

C. DECEDENT'S PROPERTY & ASSETS

PERSONAL PROPERTY

- Bank Accounts – Please provide type of account, names on account, name of financial institution, and balance as of date of death (if known):

- CDs

- Stocks

- Bonds

- Automobiles – Year, Make, and Model; How titled? Any car loans?

- Retirement / Investment Accounts Payable to Estate

- Household Goods and Furniture

- Other – Firearms, Artwork, Collections

DECEDENT'S PROPERTY & ASSETS (CONTINUED)

REAL ESTATE

1. Address:

Owners of Record?

Estimated Value:

Is there a mortgage, lien or other encumbrance against the property? Yes No

Amount of Mortgage/HELOC:

Name of Mortgage Company/Lender:

Account or Loan No.

2. Address:

Owners of Record?

Estimated Value:

Is there a mortgage, lien or other encumbrance against the property? Yes No

Amount of Mortgage/HELOC:

Name of Mortgage Company/Lender:

Account or Loan No.

D. DEBTS

Known Creditor(s) – Names of Creditors, Account Numbers, Amount of Debt:

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E. IF ANY KNOWN ISSUES OR DISPUTES, PLEASE PROVIDE DETAILS: