



PROBATE
CLIENT INFORMATION SHEET

CLIENT INFORMATION

Name
Address
City, State, Zip Code
Phone Number
Email Address
Referred by
Relationship to Deceased

THE DECEASED

Deceased's name:
Date of death:
Place of death:
Deceased's address:
Death Certificate Available
Social Security Number

THE DECEASED'S WILL

Did the deceased have a Will? Yes / No
(If no)
Who will act as administrator?
(If yes)
Date of Will:
Date of Codicil (if any):
Legatees under Will/Codicil:
Name Address

Executors under Will/Codicil:	
Name	Address

**THE DECEASED'S HEIRS**

Was deceased married? Yes / No

(If yes)

Name of spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

List Previous Marriages

	Name	Date of Divorce
Spouse	_____	

Children

Name	Address

**THE DECEASED'S PROPERTY**

Eg. Real Estate, Bank Accounts, Investment Accounts, Retirement accounts, Life Insurance

Type	Description	Estimated Value

