

CONFIDENTIAL PROBATE INTAKE QUESTIONNAIRE

This form should be used as merely a guide to preparing for our initial meeting. It is not necessary that you have completed the form prior to scheduling a meeting with Kimberly

File Information (To be completed by attorney):

File Name: _____

File #: _____ Date Opened: _____

DECEASED PERSON:

Full Name: _____ DOB: _____ U.S. Citizen? ___

Address at time of death: _____

Date of death: _____ Location of death: _____

Copy of Death Certificate provided: _____ Existing Will or Trust? _____ Copy Provided? _____

Social Security Number: _____ Married at time of death? _____ (Certificate needed)

Spouse's Name: _____ Spouse's phone: _____

Spouse's address: _____

Mother's Name: _____ DOB: _____ DOD: _____

Father's Name: _____ DOB: _____ DOD: _____

Parents' Date of Marriage: _____ Divorce Date: _____ # of Children: _____

Mother - # of marriages: _____ Father - # of marriages: _____

PROPOSED ADMINISTRATOR/EXECUTOR:

(Required to be 18 years old, U.S. resident, of sound mind, and have not been convicted of a felony.)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

DOB: _____ Relationship: _____

DECEASED PERSON'S CLOSEST LIVING RELATIVES:

(Include Parents, Siblings, Spouse, and Children. If none, list closest next of kin.)

Name: _____ Relationship: _____

Address: _____ Over 18 yrs? Y ___ N ___

Name: _____ Relationship: _____

Address: _____ Over 18 yrs? Y ___ N ___

Name: _____ Relationship: _____

Address: _____ Over 18 yrs? Y ___ N ___

Name: _____ Relationship: _____

Address: _____ Over 18 yrs? Y ___ N ___

Name: _____ Relationship: _____

Address: _____ Over 18 yrs? Y ___ N ___

NAME, ADDRESS, & RELATIONSHIP OF ALL PRESENT AT INITIAL CONSULTATION: (PRINT)
(To be completed at the 1st meeting with the attorney)

ASSET AND LIABILITY SUMMARY

Enter the approximate value of the asset if known & indicate how title is held, and the amount, if any, owed on the item. Use a separate sheet to give details about any asset.

<u>TYPE OF ASSET:</u>	<u>VALUE</u>	<u>OWNERSHIP HELD AS:</u> <u>SOLE/ JOINT/ BY ENTIRETY/ IN COMMON</u>	<u>OWE (\$)</u>
<u>PRIMARY RESIDENCE:</u>			
<u>OTHER REAL ESTATE:</u>			
<u>CASH:</u>			
<u>CHECKING:</u>			
<u>SAVINGS:</u>			
<u>MONEY MARKET:</u>			
<u>CDs:</u>			
<u>RETIREMENT ACCOUNTS:</u>			
<u>MUTUAL FUNDS:</u>			
<u>STOCKS:</u>			
<u>BONDS</u>			
<u>ANNUITIES:</u>			
<u>LIFE INSURANCE:</u>			
<u>REFUNDABLE LTC DEPOSIT:</u>			
<u>BUSINESS INTERESTS:</u>			
<u>AUTOMOBILES:</u>			
<u>RECREATIONAL VEHICLES:</u>			
<u>HOUSEHOLD GOODS:</u>			
<u>SAFE DEPOSIT BOX:</u>			
<u>COLLECTIBLES:</u>			
<u>OTHER:</u>			

INCOME SOURCES OF DECEASED PERSON:

Retirement/Pension: Company/Plan # _____

Social Security: _____

VA Disability: _____

Annuity: Company/Plan # _____

Other: Description: _____

I understand that this confidential questionnaire is designed to provide The Law Office of Kimberly J. Myers with important information for purposes of advising me on matters related to the Probate and that the attorney's ability to effectively and accurately advise me depends upon the accuracy and completeness of the information that I provide. I hereby confirm that the information provided here is substantially correct and complete, and I understand that no contract for services is formed by completing this questionnaire.

SIGNATURE OF CLIENT OR REPRESENTATIVE

Date: _____

PRINT NAME

RETURN TO:

Law Office of Kimberly J. Myers
122 N. 1st Street – Suite C
DeKalb, Illinois 60115
Kim@KJMyersLaw.com
Phone: (815) 217-3990

ASSET DETAILS

HOME ADDRESS:

OTHER REAL ESTATE:

BANK ACCOUNTS:

OTHER PERSONAL PROPERTY:

DEBTS: