

CLIENT INFORMATION WORKSHEET FOR PROBATES

PART I - PERSONAL DATA

FULL NAME of DECEDENT: _____

Alias Names (if any): _____

Street Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Social Security Number: _____ Driver's License No. _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Age at time of Death: _____

Place & Address of Death (home, nursing home, etc): _____

Was Decedent a U.S. citizen? Yes: ___ No: ___

If naturalized U.S. citizen, Date and Place of Naturalization: _____

Location of ORIGINAL Will, if any: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

Any Additional General Information: _____

NAME of PERSONAL REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Relationship to Decedent: _____

Social Security #: _____ Drivers License #: _____

County you Reside In: _____

NAME of ALTERNATE REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____
 Home #: _____ Cell #: _____
 Work #: _____ Fax #: _____
 E-mail: _____ Relationship to Decedent: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home #: _____ Cell #: _____
 Work #: _____ Fax #: _____
 E-mail: _____ Pgr #: _____
 Date of Birth: _____
 Social Security Number: _____
 Date and place of marriage/domestic partnership: _____
 Status of Spouse: Living Deceased Under Conservatorship

CHILDREN'S INFORMATION:

Name	Living	Age	Birthdate	Married	Address
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner. _____

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____