

# HILL LAW GROUP, P.A.

*Attorneys & Counselors at Law*

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Elder Lawyer

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Date: \_\_\_\_\_

## CLIENT INFORMATION FOR PROBATE OR LEGAL ADVICE ON DECEASED PERSON

Please PRINT the following requested information.

Your full name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Preferred form of communication: \_\_ Ph \_\_ Email \_\_ Mail

How did you learn about this law office? \_\_\_\_\_

Decedent's full name: \_\_\_\_\_ Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to you: \_\_\_\_\_ Is there a will? \_\_\_\_\_ If yes, where is the original? \_\_\_\_\_

Decedent's home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you the named personal representative? \_\_yes\_\_ \_\_no\_\_ If yes, your SSN \_\_\_\_\_

If no, who is? \_\_\_\_\_ Are they able to serve? \_\_yes\_\_ \_\_no\_\_

Did Decedent have any creditors? \_\_yes\_\_ \_\_no\_\_

### Names of all persons attending our conference:

Name	Relationship to decedent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**DECEDENT'S ASSETS**

**(What the decedent owned at the time of death including homes, real property, bank accounts, investment accounts, vehicles, mobile homes, etc.)**

ITEM	VALUE	LOCATION	Was there a joint owner- or beneficiary if yes, name

**CREDITORS**

Please prepare a list of all creditors of the decedent.

It may help to look at Decedent's papers including bank records, billing statements, etc.

CREDITOR	ADDRESS	AMOUNT OWED

Thank you for taking the time to review and complete these forms.  
We look forward to meeting with you.