

toll free: 866-265-8100

local: 727-343-8959 fax: 727-384-2437 info@HillLawGroup.com HillLawGroup.com

Date: _____

CLIENT INFORMATION FOR PROBATE OR LEGAL ADVICE ON DECEASED PERSON

Please PRINT the following requ	ested inforr	mation.		
Your full name:				
Address:				
City	StateCountyZip Code			
Primary Phone: ()		Alternate	te Phone: ()	
E-mail address:				
Preferred form of communication	n: Pho	one	_ Email Mail	
How did you learn about this law	v office?			
Decedent's full name:			Date of death//	
Relationship to you:	Is the	ere a will? _	If yes, where is the original?	
Decedent's home address:				
City	State	Zip		
Are you the named personal rep	resentative	?Yes _	No. If yes, your SSN	
If no, who is?			Are they able to serve?YesNo	
Did Decedent have any creditors	;? Yes _	No		
Names of all persons attending	our confere	ence:		
Name	ship to Decedent			
	_			

We are honored to be assisting you at this difficult time.

The next two pages contain questions that will help us determine what actions, if any, must be taken in the decedent's estate. Please complete them to the best of your ability.

Please also bring the following with you, if you have them:

- Decedent's Will
- 2 certified copies of Death Certificate (short form preferred but not necessary)
- Statements showing assets or creditors

BENEFICIARY INFORMATION

(Everyone named in will or trust, if applicable and if known)

NAME		ADDRESS	CCNI or EIN
INAIVIE	RELATIONSHIP &	ADDRESS	SSN or EIN
	AGE, IF UNDER 18		

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.