

local: 727-343-8959 | info@HKHelderlaw.com fax: 833-453-0459 | www.HKHelderlaw.com

Date:	
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CLIENT INFORMATION FOR PROBATE OR LEGAL ADVICE ON DECEASED PERSON

Please PRINT the following re	equested informa	tion.		
Your full name:				
Address:	_			
City	State	_County	Ziţ	p Code
Primary Phone: ()	A	lternate Pho	one: ()	
E-mail address:				
Preferred form of communic	ation: Phone	e Ema	il Mail	
How did you learn about this	law office?			
Decedent's full name:		D	ate of death	/
Relationship to you:	Is there	a will?	If yes, where i	is the original?
Decedent's home address:				
City	State	_Zip		
Are you the named personal	representative? _	Yes N	o. If yes, your SSN	J
If no, who is?		Are	they able to serv	e?YesNo
Did Decedent have any credi	tors? Yes	No		
Names of all persons attend	ing our conferenc	e:		
Name Relationship 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	RELATIONSHIP & AGE, IF UNDER 18	ADDRESS	SSN or EIN

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.