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HillLawGroup.com

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: ___ Phone ___ 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

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.