

Probate/Estate Plan Form

*Name:

*Address:

*City:

*State:

*Zip:

*E-mail address:

*Home Phone:

Business Phone:

Cellular or Pager:

Facsimile:

What does this matter involve?

Probate/Administration of an Estate

Name of the decedent:

Date of death:

Residence at the time of death:

Your relationship to the decedent:

Did the decedent leave a will?

Yes No Unknown

If yes, do you have a copy of the will?

Yes No

Are you named as the executor or administrator in the will?

Yes No

If no, who is named?

What was the marital status of the decedent?

If married or separated, please provide the name and address of the spouse:

Did the decedent have any children?

Yes No Unknown

If yes, list their names and addresses. If no, please list the names and addresses of the decedents closest known relatives:

Is there anyone not listed above (including charitable organizations) who is named as a beneficiary of the will, if any?

Yes No Unknown

If yes, list their names and addresses:

Please describe any concerns you have about this estate:

Describe what you would like to happen to resolve your concerns (your preferred outcome):

Have other attorneys worked on this matter?

Yes No

If yes, provide names, addresses, and a brief description of their involvement:

Estate Planning

What is your marital status?

Choose One

Please list the names and addresses of your children, if any:

Please list the names and addresses of anyone else (including charitable organizations) you wish to provide for in your estate plan:

Do you now have a will?

Yes No

Life insurance?

Yes No

Retirement plan?

Yes No

Do you own a business?

Yes No

If yes, provide the business name, address, and phone:

If you own a business, how is the business organized (if known)?

What is your approximate net worth:

Describe your concerns regarding your estate:


Describe what you would like to happen with your estate (your preferred outcome):

Have other attorneys worked on this matter?

Yes No

If yes, provide names, addresses, and a brief description of their involvement:

Where did you hear about this website?


Choose One 

*Name:

*Address:

*City:

*State:

Choose One 

*Zip:

*E-mail address:

*Home Phone:

Business Phone:

Cellular or Pager:

Facsimile:

Does this matter involve a business you own or run?

Yes No

If yes, provide the business name, address, and phone:

Describe your situation, including any relevant dates:

Have you been in contact with any government agency or official regarding this matter?

Yes No

If yes, please provide the name and address of the agency or official:

Have any civil or administrative agency proceedings been started regarding this matter?

Yes No

If yes, please set out the type of proceedings, the court or agency in which the action is brought, and the date commenced:

How would you rate your legal needs described here?

Choose one

Are any other people involved?

Yes No

If yes, provide names, addresses (if known), and their relationship to you, if any:

Do you have any documents that could help explain your situation?

Yes No

If yes, list those documents and their dates:

Are there other documents that you do not have access to that could be of assistance?

Yes No

If yes, list those documents and their dates and locations (if known):

Describe how this situation has impacted you:

Describe what you would like to happen to resolve your issue (your preferred outcome):

Have other attorneys worked on this matter?

Yes No

If yes, provide names, addresses, and a brief description of their involvement:

Special concerns:

Where did you hear about this website?

*Name:

*Address:

*City:

*State:

*Zip:

*E-mail address:

*Home Phone:

Business Phone:

Cellular or Pager:

Facsimile:

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Estate Planning

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Yes No

If yes, provide names, addresses, and a brief description of their involvement:

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Submit Information
