

PROBATE INTAKE

Appointment Date:		
Your Full Name:	Your e-mail address:	
Address:		
City/State/Zip:		
Cell Phone: V	Nork Telephone:	
Place of Employment:	Occupation:	
Address of Employer:		
Driver's License #:	Birthdate:	
Social Security #:	(required by court) Sex: M F	
Have your ever been convicted of a crin	ne? (If yes, please explain):	
Decedent's Full name:		
Any Other Names for Decedent (AKA):_		
Date of Birth: Date o	f Death	
Decedent's Social Security #:	Decedent's DL #:	
Address of Decedent:	County:	
Where did Decedent pass (city, county, s	tate)?;	
Did decedent have a will? Y N I	Do you have the <u>original will</u> ? Y	
Who is listed as Executor of the Will?: _		
Property owned by Decedent:		
Home:	Is there a mortgage?:	
Bank Accts:		
Name of Bank:	checking savings Approx Balance:	
Name of Bank:	checking savings Approx Balance:	
Vehicle year, make, model:	VIN:	
IRAs/401ks/Other Accounts:		

Please bring most recent account statements to your appointment.

Name, address	email address & phone # for beneficiaries: They MUST be contacted
1.	
2	
	
3.	
How Were You	Referred to Heritage Law?:
Who Will Be Re	sponsible for Your Account With Us?:
	et person, to contact in case of an emergency: (court forms require this information)
Name:	Phone Number:
Address:	

OTHER CONCERNS OR COMMENTS WHICH YOU FEEL WILL BE HELPFUL TO THE ATTORNEY: