ASSAF & SIEGAL CLIENT INTAKE SHEET

A. CLIENT INFORMATION

1) Name:
a) Title: _____
b) First Name: _____
c) Middle Name: _____
d) Last Name: _____
e) Nickname: _____

2) Contact:
a) Home Phone: _____
b) Cell Phone: _____
c) Other: _____
d) Fax: _____
e) Email: _____

3) Mailing Address:
a) Street: _____
b) City: _____
c) State: _____
d) Zip Code: _____
e) County: _____

4) Billing Address:
Same as Mailing: YES ____NO____
a) Street: _____
b) City: _____
c) State: _____
d) Zip Code: _____
e) County: _____

5) Other:
a) SSN: _____
b) Birthdate: _____
c) Birthplace: _____
d) Citizen of: _____

B. DECEDENT INFORMATION

6) Name:
a) Title: _____
b) First Name: _____
c) Middle Name: _____
d) Last Name: _____
e) Date of Birth: _____
f) Date of Death: _____
g) Place of Death:_____
h) Citizen of: _____

7) Residence:
a) Street: _____
b) City: _____
c) State: _____
d) Zip Code: _____
e) County: _____

Will: Yes_____ No____
If "Yes" date of will_____

a) Location of Will:
   a. In your possession: **Yes/No**
   b. If no, location:
   _____
b) Executor: _____
c) Trustee:_____
d) Guardian: _____

Names of Witnesses to will:
Name of witness to will _____
Name of witness to will _____

e) Successor Executor _____
f) Successor Trustee: _____
g) Successor Guardian: _____

- Proposed Executor **is or is not** a convicted felon _____

ASSAF & SIEGAL CLIENT INTAKE SHEET

8) Living Trust? If yes:
Name of Trust:_____
Date of Trust: _____
Names of Trustee(s): _____
Names of Successor Trustee(s): _____

C. SURVIVING RELATIVES' INFORMATION

Check all that apply and provide requested information for surviving relatives

9) Surviving Relatives:

a. [ ] Spouse(husband/wife).
b. [ ] Child or children or descendants of predeceased child or children. **[Must include marital, nonmarital and adopted]**
c. [ ] Any issue of the decedent adopted by persons related to the decedent (DRLSection117).
d. [ ] Mother/Father.
e. [ ] Sisters or brothers, either of whole or half blood, and issue of predeceased sisters or brothers
f. [ ] Grandmother/Grandfather.
g. [ ] Aunts or uncles, and children of predeceased aunts and uncles (first cousins).
h. [ ] First cousins once removed (children of first cousins).

Name of Surviving Relative	Relationship to Decedent	Age/DOB	Domicile and Mailing Address	Citizenship

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Surviving Relative	**Email Address**	**Phone Number**

10) ASSETS

a) Gross Value of Personal Property: _____
b) Gross Value of Real Property: _____
c) Real Property Address(es):

_____ How is title held?_____
_____
_____

_____ How is title held?_____
_____
_____

_____ How is title held?_____
_____
_____

d) List name of all accounts: i.e. Bank/Investment/Stock. How is title held? What is the value of the account?

_____
_____
_____

_____
_____
_____

_____
_____

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e) List of tangible personal property items titled to Decedent only.

_____
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f) List all retirement accounts and names of beneficiaries as well as the value of the account(s).

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_____
_____

_____
_____
_____

_____
_____
_____

g) List all Life insurance policies, value and names of beneficiaries.

_____
_____
_____

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h) Did the decedent own firearms? Yes or No _____

i) Any cash/gold/silver? If yes, please provide the location and value.
_____
_____
_____

j) Any cause of action pending? If yes, please provide parties' names, Court in which proceeding is before and the Index #.
_____
_____
_____

11) <u>DEBTS</u>

a) Creditor (name and address) Amount of debt $_____
_____
_____
_____
_____

b) Creditor (name and address) Amount of debt $_____
_____
_____
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c) Creditor (name and address) Amount of debt $_____
_____
_____
_____
_____

d) Creditor (name and address) Amount of debt $_____
_____

ASSAF & SIEGAL CLIENT INTAKE SHEET

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_____
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e) Creditor (name and address) Amount of debt $_____
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f) Creditor (name and address) Amount of debt $_____
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g) Creditor (name and address) Amount of debt $_____
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_____

h) Creditor (name and address) Amount of debt $_____
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_____
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_____

D. CONSULTATION PAYMENT INFORMATION

12) Consultation Payment:
Payment is expected at the time of appointment

a) I have been advised of the rates for this initial consultation: _____ (Please Initial)
b) Please select a method of payment for this initial consultation:
Cash ____ Check ____ Credit Card ____