

Your Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____ E-Mail Address: _____

How did you hear about us?

- If you were referred by someone, kindly let us know who so that we could extend our gratitude!
- We would love to know what advertising platforms have been helpful to reaching great potential clients such as yourself! Please tell us how you came across our Firm. Other

Would you like to sign up for our eNewsletter to learn more about our services and learn our helpful tips?

- Yes
- No

What services are you interested in today?

- Estate Planning
- Probate
- Guardianship
- Business and Transactional

PROBATE SERVICES INTAKE:

What is your relationship to the decedent?

Name of the Decedent

First Name: _____ Last Name: _____

Address, City, State, Zip Code: _____

Date of Birth: _____

Date of Death: _____

Was the Decedent survived by a spouse? Yes No

Does the Decedent have any children? Yes No

Are there any other beneficiaries? Yes No

Did the Decedent leave behind a Will? Yes No

Personal Representative for the Decedent: