



## PROBATE WORKSHEET

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**PLEASE FILL OUT AND BRING THIS WORKSHEET TO YOUR  
FIRST APPOINTMENT**

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**PROBATE INTAKE FORM**

Please complete this form. If you are unsure of any information requested, please so indicate.

*Client Information*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SS#: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

*Decedent Information*

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

DOB: \_\_\_\_\_

Did decedent sign a Will? \_\_\_\_\_ If yes, please bring original. **DO NOT REMOVE STAPLES!**

Address of Real Property/Properties Owned by Decedent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_