



HORACIO SOSA, P.A.

A T T O R N E Y A T L A W

CLIENT DATA FOR PROBATE ESTATE

*** All information contained in this form is confidential and protected by attorney-client privilege. ***

Please complete this form to the best of your knowledge. We need to be as accurate as possible. If you leave answers in blank, we will assume that the question does not apply to you. Completing this prior to your appointment will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

CLIENT'S INFORMATION

Name _____ SSN _____

Address _____

Telephone(s) _____ DOB _____

E-Mail Address _____ Relationship with the Decedent _____

DECEASED'S INFORMATION

Name _____ SSN _____

Address _____

DOB _____ DOD _____ County _____

Will Y N Type of Estate _____

We need the original will, do you have it? _____

IF DECEDENT WAS SURVIVED BY SPOUSE

Spouse's Name _____ SSN _____

Address _____

Telephone(s) _____ DOB _____

E-Mail Address _____

IF THERE IS WILL, WHO IS THE PERSONAL REPRESENTATIVE/EXECUTOR

Name of PR _____ SSN _____

Address _____

Telephone(s) _____ DOB _____

E-Mail Address _____ Relationship to Decedent _____

DECEDENT'S CHILDREN

1. Child #1 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

2. Child #2 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

3. Child #3 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

4. Child #4 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

5. Child #5 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

6. Child #6 _____

Address _____

DOB _____ SSN _____ E-Mail _____

Home Phone _____ Cell Phone _____

OTHER BENEFICIARIES

1. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

2. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

3. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

4. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

5. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

6. Relative _____ Relationship _____

Address _____

DOB _____ Phone _____ SSN _____

ASSETS

Real Estate

1. Address _____ Value _____

How Titled? _____ Homestead? Y N

2. Address _____ Value _____

How Titled? _____

3. Address _____ Value _____

How Titled? _____

Motor vehicles (Include trailers and boats)

1. Year _____ Make _____ Model _____

Serial Number _____ Value _____ Probate Asset Y N

2. Year _____ Make _____ Model _____

Serial Number _____ Value _____ Probate Asset Y N

Bank Account Information

1. Checking _____ Account Number _____

Beneficiary _____

2. Savings _____ Account Number _____

Beneficiary _____

3. Certificate of Deposit _____ Account Number _____

Beneficiary _____

4. Certificate of Deposit _____ Account Number _____

Beneficiary _____

5. Other _____ Account Number _____

Beneficiary _____

Life Insurance

1. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

2. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

3. Company _____ Policy Number _____

Value _____ Beneficiary _____

Probate Asset Y N

Stocks/Bonds/IRA's

1. Company _____ Value _____

2. Company _____ Value _____

3. Company _____ Value _____

Safety Deposit Box

1. Bank _____ Box Number _____

Household Goods and Furnishings

1. _____ Value _____

2. _____ Value _____

Other (Checks, Refunds, Taxes, Trusts)

1. _____

2. _____

3. _____

DEBTS

Funeral Bill

1. Name _____ Amount _____

Paid Y N

Mortgage

1. Name _____ Amount _____

Paid Y N

Credit Cards

1. Name _____ Amount _____

Paid Y N

2. Name _____ Amount _____

Paid Y N

3. Name _____ Amount _____

Paid Y N

4. Name _____ Amount _____

Paid Y N

5. Name _____ Amount _____

Paid Y N

Lawsuits against Decedent

1. Name _____ Amount _____

Paid Y N

Other Debts

1. Name _____ Amount _____

Paid Y N

2. Name _____ Amount _____

Paid Y N

3. Name _____ Amount _____

Paid Y N

4. Name _____ Amount _____

Paid Y N

5. Name _____ Amount _____

Paid Y N

6. Name _____ Amount _____

Paid Y N

ESTATE INFORMATION

Estate Checking Account

1. Bank _____ Account Number _____

EIN _____

Taxes

1. Does a tax return need to be filed? Y N

2. Does an Estate Tax need to be filed? Y N

DOCUMENTS WE NEED FROM YOU:

1. Will (Original)
2. Death Certificate (Certified Copy)
3. Deeds
4. Motor Vehicle Titles
5. Bank Account Statements
6. Insurance Policies
7. Stock Certificates
8. Checks
9. Funeral Bill marked paid
10. Copies of any bills and addresses of creditors