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

**CLIENT INFORMATION FOR PROBATE OR  
LEGAL ADVICE ON DECEASED PERSON**

Please PRINT the following requested information.

Your full name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred form of communication: \_\_\_ Phone \_\_\_ Email \_\_\_ Mail

How did you learn about this law office? \_\_\_\_\_

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Decedent's full name: \_\_\_\_\_ Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Decedent's SSN: \_\_\_\_\_ Decedent's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to you: \_\_\_\_\_ Is there a will? \_\_\_\_\_ If yes, where is the original? \_\_\_

Decedent's home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip

Are you the named personal representative? \_\_\_ Yes \_\_\_ No. If yes, your SSN \_\_\_\_\_

If no, who is? \_\_\_\_\_ Are they able to serve? \_\_\_ Yes \_\_\_ No

Did Decedent have any creditors? \_\_\_ Yes \_\_\_ No

**Names of all persons attending our conference:**

| Name  | Relationship to Decedent |
|-------|--------------------------|
| _____ | _____                    |
| _____ | _____                    |
| _____ | _____                    |

April D. Hill, Esq., Board Certified in Elder Law  
Jonathan P. Kinsella, Esq.  
Alana D. Horner, Esq.  
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St. Petersburg, Florida 33703

***We are honored to be assisting you at this difficult time.***

The next two pages contain questions that will help us determine what actions, if any, must be taken in the decedent's estate. Please complete them to the best of your ability.

Please also bring the following with you, if you have them:

- Decedent's Will
- 2 certified copies of Death Certificate (short form preferred but not necessary)
- Statements showing assets or creditors

**BENEFICIARY INFORMATION**

(Everyone named in will or trust, if applicable and if known)

| NAME | RELATIONSHIP &<br>AGE, IF UNDER 18 | ADDRESS | SSN or EIN |
|------|------------------------------------|---------|------------|
|      |                                    |         |            |
|      |                                    |         |            |
|      |                                    |         |            |
|      |                                    |         |            |
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|      |                                    |         |            |
|      |                                    |         |            |
|      |                                    |         |            |
|      |                                    |         |            |

**DECEDENT’S ASSETS**

(What the decedent owned at the time of death including homes, real property, bank accounts, investment accounts, vehicles, mobile homes, etc.)

| ITEM                           | FULL DESCRIPTION<br>VIN/Bank name & Account #/or<br>address, etc. | Date of Death<br>Value | Beneficiary<br>Designated?<br>Y/N |
|--------------------------------|-------------------------------------------------------------------|------------------------|-----------------------------------|
| Homestead                      |                                                                   |                        |                                   |
| Other Real Estate              |                                                                   |                        |                                   |
| Vehicle(s) Please include VIN  |                                                                   |                        |                                   |
| Mobile Home Pls include VINs   |                                                                   |                        |                                   |
| Bank Account – Last 4 Acct No. |                                                                   |                        |                                   |
|                                |                                                                   |                        |                                   |
|                                |                                                                   |                        |                                   |
|                                |                                                                   |                        |                                   |
|                                |                                                                   |                        |                                   |

**CREDITORS**

Please prepare a list of all creditors of the decedent.

It may help to look at decedent’s papers including bank records, billing statements, etc.

| CREDITOR      | ADDRESS | AMOUNT OWED |
|---------------|---------|-------------|
| Credit Cards? |         |             |
| Hospital?     |         |             |
|               |         |             |
|               |         |             |
|               |         |             |
|               |         |             |

Thank you for taking the time to review and complete these forms.  
We look forward to meeting with you.