

**PROBATE LAW CONSULTATION/INTAKE**

DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_

**CONSULTATION FEE** I UNDERSTAND OWENS & OWENS CHARGES A FEE FOR CONSULTATIONS AND THAT I AM RESPONSIBLE FOR PAYMENT OF SUCH FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THE COST OF MY CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**ATTORNEY CLIENT RELATIONSHIP** I UNDERSTAND THAT AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNLESS I EXECUTE A LEGAL SERVICES AGREEMENT (CONTRACT) HOWEVER THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INFORMATION DISCLOSED BY ME DURING THE CONSULTATION.

\_\_\_\_\_  
**INITIALS**

**YOUR INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_ Use for Mailings?  Yes  No  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Use for Communications?  Yes  No  
Home# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Work Schedule \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

**DECEDENT'S INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
Employer \_\_\_\_\_ Years/Months Employed \_\_\_\_ yrs \_\_\_\_ mos  
Employment Address \_\_\_\_\_ Position \_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
Cause of Death \_\_\_\_\_ Did Decedent leave a Will?  Yes  No  
If known, who are the devisees (people listed in will to inherit):  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_

If a spouse, child, parent, brother or sister died *before* Decedent, list name, relationship and date of death.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Death \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Death \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Death \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Death \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Death \_\_\_\_\_

**DECEDENT'S FAMILY** (If there is a will, list only Decedent's spouse and children (including minors). If there is no will, list all adults relatives and minor children of the Decedent, who survived Decedent's death.)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
Physical Residence \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
Relationship to Decedent  
 Spouse  Maternal Aunt/Uncle  
 Father/Mother  Paternal Aunt/Uncle  
 Adult Child  Maternal Cousin  
 Minor Child  Paternal Cousin  
 Brother/Sister  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
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 Father/Mother  Paternal Aunt/Uncle  
 Adult Child  Maternal Cousin  
 Minor Child  Paternal Cousin  
 Brother/Sister  Other \_\_\_\_\_

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US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
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 Father/Mother  Paternal Aunt/Uncle  
 Adult Child  Maternal Cousin  
 Minor Child  Paternal Cousin  
 Brother/Sister  Other \_\_\_\_\_

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 Father/Mother  Paternal Aunt/Uncle  
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 Minor Child  Paternal Cousin  
 Brother/Sister  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 US Citizen  Yes  No DL# \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_  
 Physical Residence \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ County \_\_\_\_\_  
 Relationship to Decedent  
 Spouse  Maternal Aunt/Uncle  
 Father/Mother  Paternal Aunt/Uncle  
 Adult Child  Maternal Cousin  
 Minor Child  Paternal Cousin  
 Brother/Sister  Other \_\_\_\_\_

**\*\* IF THERE ARE MORE FAMILY MEMBERS OF DECEDENT MAKE AND USE COPIES OF THIS PAGE\*\***

**DECEDENT'S ESTATE** (income, assets, liabilities)

Real Property

Address \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_ Is the property occupied? Yes No Unknown

Address \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_ Is the property occupied? Yes No Unknown

Address \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_ Is the property occupied? Yes No Unknown

Personal Property

Vehicle/Boat \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_

Vehicle/Boat \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_

Vehicle/Boat \_\_\_\_\_ Are there joint owners? Yes No Unknown  
Mortgage/Lien Yes No Unknown (If yes, Approx. Amount \$ \_\_\_\_\_)  
Approximate Value \$ \_\_\_\_\_

Household Furnishing, Fixtures & Appliances Approximate Value at Death \$ \_\_\_\_\_  
Jewelry, Guns, Collectibles, Antiques - Approximate Value at Death \$ \_\_\_\_\_

Financial Accounts

Acct. # \_\_\_\_\_ Type \_\_\_\_\_ Amount at Death \$ \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Joint owners? Yes No Unknown Beneficiary? Yes No Unknown

Acct. # \_\_\_\_\_ Type \_\_\_\_\_ Amount at Death \$ \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Joint owners? Yes No Unknown Beneficiary? Yes No Unknown

Acct. # \_\_\_\_\_ Type \_\_\_\_\_ Amount at Death \$ \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Joint owners? Yes No Unknown Beneficiary? Yes No Unknown

Acct. # \_\_\_\_\_ Type \_\_\_\_\_ Amount at Death \$ \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Joint owners? Yes No Unknown Beneficiary? Yes No Unknown

Was Decedent earning income at the time of death? Yes No Unknown

If yes, what is/are the source(s) \_\_\_\_\_  
\_\_\_\_\_

Check all that you believe apply to Decedent's Estate:

- |  |   |
|--|---|
| <input type="checkbox"/> Life Insurance            | <input type="checkbox"/> Credit Cards                   |
| <input type="checkbox"/> Securities (Stocks/Bonds) | <input type="checkbox"/> Loans                          |
| <input type="checkbox"/> Pension(s)                | <input type="checkbox"/> Outstanding Medical Expenses   |
| <input type="checkbox"/> Ongoing Business(es)      | <input type="checkbox"/> Involved in litigation/lawsuit |
| <input type="checkbox"/> Agricultural Business(es) | <input type="checkbox"/> Fractional/Time-Share Property |
| <input type="checkbox"/> Equipment                 | <input type="checkbox"/> Trust Beneficiary              |

Briefly describe any issues/concerns you have, including immediate needs:

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

**CONSULTATION NOTES** (for attorney use only)

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

RETAINER \$ \_\_\_\_\_

ANTICIPATED FILING FEES \$ \_\_\_\_\_