

LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.
ATTORNEY ~ MEDIATOR

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CLIENT INFORMATION FORM
FOR PROBATE/TESTAMENTARY MATTERS
******PERSONAL AND CONFIDENTIAL******

Please fill out as completely. If you lack some information, please make note of it and notify our office with the information as soon as possible. All information is strictly confidential

YOUR NAME:

(Last) (First) (Middle) (Maiden)

Date of Birth Place of Birth (city and state)

IDENTIFICATION'S

Social Security # State and Driver's License # Race

RESIDENCE:

Street City/State Zip Code

MAILING ADDRESS:

If different from residence

COMMUNICATION:

Home # Fax # @ Home e-mail @ home

Pager # Cell/Mobile #

Work # Fax # @ Work e-mail @ work

EMPLOYMENT:

Employer Address

DECEDENT:

(Last) (First) (Middle) (Maiden)

Date of Birth Place of Birth

Date of Death

County of Death

IDENTIFICATION #'S:

Social Security #

State and Driver's License #

Race

RESIDENCE:

Street

County

City/State

Zip Code

IS THERE A WILL _____ DATE OF WILL _____

Value of Estate (Estimate of combined total of cash, real property, personal property)

\$ _____

DO YOU HAVE ORIGINAL DOCUMENT _____

NAME OF INDEPENDENT EXECUTOR IN WILL _____

LOCATION OF DEATH: _____

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER OF APPLICANT: _____

RELATIONSHIP TO DECEDENT: _____ /AGE: _____

BENEFICIARIES/PARTIES: _____

(Last)

(First)

(Middle)

Street

City/State

Zip Code

RELATIONSHIP TO DECEDENT: _____ /AGE: _____

BENEFICIARIES/PARTIES: _____

(Last)

(First)

(Middle)

Street

City/State

Zip Code

RELATIONSHIP TO DECEDENT: _____ /AGE: _____

BENEFICIARIES/PARTIES: _____

(Last)

(First)

(Middle)

Street City/State Zip Code

RELATIONSHIP TO DECEDENT: _____ **/AGE:** _____

BENEFICIARIES/PARTIES: _____
(Last) (First) (Middle)

Street City/State Zip Code

RELATIONSHIP TO DECEDENT: _____ **/ AGE:** _____

BENEFICIARIES/PARTIES: _____
(Last) (First) (Middle)

Street City/State Zip Code

RELATIONSHIP TO DECEDENT: _____ **/AGE:** _____

BENEFICIARIES/PARTIES: _____
(Last) (First) (Middle)

Street City/State Zip Code

RELATIONSHIP TO DECEDENT: _____ **/AGE:** _____

JURISDICTION: How long did the deceased live in Texas? _____

In what county did the deceased reside? _____

How long did the deceased reside in that county? _____

WAS DECEDENT EVER MARRIED? _____ **HOW MANY TIMES?** _____

NAME AND ADDRESS OF SPOUSE: _____

DATE OF BIRTH: _____

DATE OF DIVORCE: _____

DATE OF DEATH: _____

NAME AND ADDRESS OF SPOUSE: _____

DATE OF BIRTH: _____

DATE OF DIVORCE: _____

DATE OF DEATH: _____

NAME AND ADDRESS OF SPOUSE: _____

DATE OF BIRTH: _____

DATE OF DIVORCE: _____

DATE OF DEATH: _____

DID DECEDENT HAVE OR ADOPT CHILDREN? _____

IF SO, GIVE NAME AND CONTACT INFORMATION OF EACH CHILD:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

NAME AND ADDRESS OF WITNESSES TO DECEDENT'S WILL:

1. **NAME:** _____
ADDRESS: _____
TELEPHONE NUMBERS: _____

2. **NAME:** _____
ADDRESS: _____
TELEPHONE NUMBERS: _____

3. **NAME:** _____
ADDRESS: _____
TELEPHONE NUMBERS: _____

4. **NAME:** _____
ADDRESS: _____
TELEPHONE NUMBERS: _____

OTHER INFORMATION: _____

ESSENTIAL DOCUMENTS NEEDED TO PROCEED FOR AN INTERSTATE ESTATE:

- ◆ **Copy of death certificate of decedent;**
- ◆ **Decedent's previous years Income Tax Returns;**
- ◆ **Copies of Deeds, Deeds of Trust or Mineral Deeds which identify Real Property of Decedent;**
- ◆ **Copies of insurance policies;**
- ◆ **Motor vehicle titles which identify personal property of decedent.**

I UNDERSTAND that a consultation fee of \$300.00 will be charged. I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____