

Client Worksheet: Probate

Client Name:
Last 3 digits of your SS and DL:
Address:
Phone Number: (H) (W) (CTN)
Fax: Email:
Decedent's Name:
Last 3 digits of Decedent's SS and DL:
Place and Date of Death:
Marital Status/Former Marriages:
Estimated value of Decedent's estate and a general list of the assets:
Outstanding liabilities:
Did Decedent apply for Medicaid benefits? Yes or No If yes, when?