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**CLIENT INITIAL INFORMATION
QUESTIONNAIRE
PROBATE**

For Office Use Only

Atty/Paralegal _____

Date Opened _____

File No. _____

FEE: \$100.00 FOR INITIAL HALF HOURS CONSULTATION WITH ASSOCIATES. ANY TIME OVER THE FIRST ½ HOUR WILL CHARGED AT THE ATTORNEY'S APPLICABLE HOURLY RATE. MR. CURRY'S INITIAL CONSULTATION FEE FOR FAMILY LAW MATTERS IS \$500.00 FOR UP TO ONE HOUR. THIS SUM SHALL BE PAID IN ADVANCE TO RECEPTIONIST PRIOR TO SEEING YOUR ATTORNEY UNLESS PRIOR ARRANGEMENTS ARE MADE.

<GENERAL INFORMATION

The Attorney you are seeing: _____ Date _____

Who referred you to Curry Law Group, P.A.? _____

Have you seen our advertisements in/on: _____ TV _____ Phone Book _____ (which)

_____ Magazines _____ Newspaper _____ (which)

Are you a prior client? _____ If yes, when? _____

Name of Attorney that represented you _____

ESTATE OF _____

1. Initial meeting, documents needed:

- a) Certified copy of death certificate
- b) Original Last Will and Testament (and codicil, if any)
- c) Copy of living trust (and amendments, if any)
- d) Statement for all accounts at date of death
- e) Deeds for all properties owned by decedent (individually or jointly)
- f) Copy of paid funeral bill

2. Your Name: _____

Residence: _____

City

State

Zip

P.O. Box: _____

City

State

Zip

Phone Numbers: Work: _____ Home: _____

Fax: _____ Cell Phone: _____

Relationship to Decedent: _____

Email address: _____

3. Decedent:

Name: _____

Residence: _____

City

County

State

Zip

Date of Birth: _____ Date of Death: _____

Place of Death: _____

Social Security Number: _____

Married/Widowed/Divorced: _____

If married, name and address of spouse

Was Decedent employed at time of death? Yes _____ No _____

Employed by:

Address

Phone Number

If retired, did Decedent receive retirement pension? Yes _____ No _____

If yes, enter amount \$ _____

Did Decedent serve in the Armed Forces? Yes _____ No _____

Did Decedent receive any other form of income? (SS, other pension benefits, military, rents, etc.)

If yes, please explain: _____

4. Additional Information:

a.) Date of domicile: _____

b.) Married? ____yes ____ no If yes, then

Name of surviving spouse: _____

Social Security Number: _____

U.S. Citizen? ____ yes ____ no

Occupation: _____

Date of Marriage: _____

Widowed? ____yes ____ no If yes, then:

Name of deceased spouse: _____

Date of death of deceased spouse: _____

Date of Marriage: _____

c.) Did the decedent have any children? _____yes ____no If yes, then:

Name	Address/Phone	Social Security #.	Date of Birth
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d.) Other beneficiaries/heirs:

Name	Address	Phone #
------	---------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e.) Name, address, and phone number of CPA or other financial advisor:

f.) Did decedent have a safe deposit box? ____yes ____no If yes, then:

Bank branch:_____

Joint owner:_____

Box #_____

g.) Year any gifts were given and where gift tax return filed. Please provide copies of all decedent's gift tax returns (Form 709).

h.) Did decedent make any gifts exceeding \$10,000.000 in any calendar year that are not reported on a gift tax return? ____ yes ____ no

i.) Did decedent own an interest in any real property outside of Florida?
____yes ____no If yes, please provide a copy of the deed and tax bill.

j.) Have appraisals been completed for all properties (in-state/out-of-state),
if needed? ____yes ____no

k.) Did decedent own any closely held business interests? ____yes ____no
If yes, please provide financial statements and shareholders agreements.

l.) Any trusts not created by the decedent under which the decedent possessed any
power, beneficial interest, or trusteeship? ____yes ____no

5. Tangible Property

a.) Motor Vehicles

Year	Model	Value	Ownership

b.) Personal Effects

1. Did decedent at the time of death own any articles of artistic or collectible value in excess of \$3,000.00 or any collections whose artistic or collectible value combined at date of death exceeded \$10,000.00 ____yes ____no

2. Has itemization or appraisal been completed, if needed?

____yes ____no

6. Liabilities

a.) Creditors

Name	Address	Balanced Owed	Goods/Services

b.) Mortgages/Liens:

Date of Death Balance: _____

Property Encumbered: _____

7. Insurance policies/Annuities:

Company: _____

Address: _____

Phone#: _____

Contact: _____

Policy#: _____

Owner: _____

Insured/Annuitant: _____

Beneficiary: _____

Company: _____
Address: _____
Phone#: _____
Contact: _____
Policy#: _____
Owner: _____
Insured/Annuitant: _____
Beneficiary: _____

Company: _____
Address: _____
Phone#: _____
Contact: _____
Policy#: _____
Owner: _____
Insured/Annuitant: _____
Beneficiary: _____

Has a request been made for Form 712 for each insurance policy? ____yes ____no

8.) Securities, Stocks, Bonds, etc:

Beneficiary/co-owner:

9.) Income Tax Returns:

Please provide copies of decedent's income tax returns for the past three years, including status of final return.

10.) Any other assets in which the decedent held an interest?

NOTES:

TO BE FILLED IN BY ATTORNEY

- (a) Matter
(Accepted) _____ Retainer Agreement Signed _____
(Rejected) _____ Rejection Letter Sent _____
(Will Contact) _____ Future Contact Letter Sent _____
- (b) Type of Matter: _____
- (c) Action Requested: _____

- (d) Follow-up Appointment: _____
- (e) Thank you sent to referrer: _____

STATUTE OF LIMITATIONS: _____

CONFLICT OF INTEREST RUN: _____

By: _____

FOR OFFICE/BOOKKEEPING USE ONLY

Retainer	\$ _____	/	
Fee	\$ _____	/	
Fee (no invoice)	\$ _____	/	
Hourly Rate	\$ _____	/	_____

Attorney's Initials

COMMENTS: _____
