

SERAFINI SMITH LAW FIRM
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Date: _____

INTAKE FORM - DECEDENT HAD A WILL (Probate)

CLIENT'S INFORMATION:

First Name: _____ Middle Name: _____ Last Name _____

Date of Birth _____ Birthplace _____ Last 3 digits of SSN# _____

Last 3 digits of DL# _____

Current Address: _____

City: _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ e-mail _____

Work Telephone: _____

Relationship to Decedent: _____

DECEDENT'S INFORMATION:

First Name: _____ Middle Name: _____ Last Name _____

Date of Birth _____ Birthplace _____

Last 4 digits of SSN#: _____ Last 4 digits of Driver's License #: _____

Date of Death _____ County of Residence on date of death _____

Street Address: _____

City: _____ State _____ Zip _____

Marital Status of Decedent (Married, Single, Divorced, Widowed?): _____

Was Decedent ever divorced after the Will was executed? _____

How many children did the Decedent have? _____

Were any children born to or adopted by the Decedent after the Will was executed? _____

Did Decedent ever give up a child for adoption? _____

MARRIAGES: Include the spouse's full name, date of marriage, termination date of marriage, and how marriage ended (ie: divorce or death):

1. _____

2. _____

3. _____

CHILDREN: Please provide the full legal name, address, date of birth, and marital status for all of the Decedent's children, and state whether they are alive or deceased:

1. _____

2. _____

3. _____

4. _____

5. _____

GRANDCHILDREN: If any of the Decedent's children are deceased, please list the full legal name, address, date of birth, and marital status of all of the deceased child's children (ie: the decedent's grandchildren from that deceased child):

1. _____

2. _____

3. _____

4. _____

DEBTS: Include creditor's name, address, account number, and balance due.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

BANKING INFORMATION:

Name of financial institution: _____

Account title (ROS/ JT/ Sole): _____

Last 4 Digits of Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title (ROS/ JT/ Sole): _____
Last 4 Digits of Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title (ROS/ JT/ Sole): _____
Last 4 Digits of Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title (ROS/ JT/ Sole): _____
Last 4 Digits of Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title (ROS/ JT/ Sole): _____
Last 4 Digits of Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

REAL ESTATE INFORMATION: (including time shares and real property outside of Texas)

Street address: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other owners and percentage of ownership:

Street address: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other owners and percentage of ownership:

MINERAL INTERESTS:

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

PERSONAL PROPERTY: Please list the property that the Decedent owned at the time of death (for example, automobiles, homes, boats, etc...) and state if the Decedent owned the property solely or if the Decedent owned the property with another person(s).

In order to be appointed Administrator / Executor of the Estate, you must not be a felon; you must not be incapacitated; you must be able to appoint a resident agent to accept service of process if needed.

Are you a convicted felon? _____

Are you incapacitated? _____

Are you able to appoint a Texas resident agent to accept service of process? _____

Did the Decedent receive MEDICAID benefits on or before March 1, 2005? _____

ORIGINAL WILL or COPY OF WILL?

Do you have the Decedent's originally signed Will, or just a copy? _____; **If you have only a copy, did you diligently search for the original Will?** _____; **If not, why not?** _____.

Is there anyone that would contest you probating a copy of the Will and not the original Will?
_____;

Are there any heirs that would inherit or inherit more if there was no original Will found?
_____;

If yes, who?

HOW DID YOU HEAR ABOUT THE SERAFINI SMITH LAW FIRM?

Internet search/magazine/yellow pages/local directory/referred (if you were referred please indicate by whom)

Please provide me with a copy of the death certificate and a copy of the Will (if any).