

**ESTATES
INTERVIEW FORM**

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's Tel. # Home: _____ Cell: _____

Best time to call: _____

Employer's Name: _____

Office Tel. #: _____

Fax #: _____

Hours of work: _____

Client's SS #: _____

Client's D.O.B. _____

INTERVIEW QUESTIONS:

Decedent's Information

1. Name of Decedent: _____

2. Address at death: _____

3. Date of death: _____

4. Date of Birth: _____ Age: _____

5. Social Security Number: _____

6. Cause of death: _____

7. Place of death: _____

8. Did the decedent have a Will? _____ YES _____ NO. If yes, date of Will and its location: _____

List of any codicil: _____

9. Marital status at death: ___ Married ___ Divorced ___ Separated ___ Single

10. If decedent was married at death, provide the following information on the spouse:

Name: _____

Address: _____

Age: _____ Date of Birth: _____

Phone: _____ SS#: _____

11. If decedent was married at time of death, provide the following information on decedent's child(ren)

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____

<u>Name of his/her spouse</u>	<u>Name of his/her child(ren)</u>	<u>Age</u>
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____

<u>Name of his/her spouse</u>	<u>Name of his/her child(ren)</u>	<u>Age</u>
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____

<u>Name of his/her spouse</u>	<u>Name of his/her child(ren)</u>	<u>Age</u>
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Name</u>	<u>Address</u>	<u>DOB</u>

<u>Name of his/her spouse</u>	<u>Name of his/her child(ren)</u>	<u>Age</u>
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Name</u>	<u>Address</u>	<u>DOB</u>

12. If decedent was previously married, provide the following information:

<u>Previous spouse's name</u>	<u>Method of Marriage Termination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. If decedent was previously married, provide the following information:

<u>Name of child</u>	<u>Address</u>	<u>DOB</u>

Name of his/her spouse

Name of Child(ren)

Name of his/her spouse

Name of Child(ren)

Name of his/her spouse

Name of Child(ren)

Name of his/her spouse

Name of Child(ren)

14. If decedent has any descendants living, state the following:

Name

Address

SS#

Relationship

Phone #

15. List the following information about any other heirs of decedent:

Name

Address

SS#

Relationship

Phone #

16. List the following information for any legatee or devisee not otherwise mentioned above:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Is any heir, legatee or devisee of testator under any disability or a minor:

___ Yes ___ No If yes, specify who: _____

Executor/Administrator Information

18. **Name:** _____

Address: _____

Age: _____ Phone: Home: _____ Work: _____

Name: _____

Address: _____

Age: _____ Phone: Home: _____ Work: _____

Name: _____

Address: _____

Age: _____ Phone: Home: _____ Work: _____

Name: _____

Address: _____

Age: _____ Phone: Home: _____ Work: _____

