

**DONALD K. NIX, ATTORNEY**

**PROBATE INFORMATION SHEET**  
(Please fill out all information)

DATE OF INTERVIEW: \_\_\_\_\_ CLIENT: \_\_\_\_\_

**NAMED EXECUTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL. NO.'s:** \_\_\_\_\_

**APPLICANT, IF NOT EXECUTOR:** \_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_

**APPLICANT TEL. NO's:** \_\_\_\_\_

**NAME OF DECEDENT:** \_\_\_\_\_

**RESIDENCE AT DEATH:** \_\_\_\_\_

**PLACE OF DEATH:** \_\_\_\_\_ **DATE OF DEATH:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **SURVIVING SPOUSE:** \_\_\_\_\_

IF WIDOW OR WIDOWER, WHEN WAS SPOUSE'S DATE OF DEATH? \_\_\_\_\_

WAS DECEASED SPOUSE'S WILL PROBATED? \_\_\_\_\_ IF SO, WHEN & WHERE \_\_\_\_\_

WILL BENEFICIARIES: (or heirs, if no Will) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DATE OF WILL:** \_\_\_\_\_ **WILL SELF-PROVED?** \_\_\_\_\_

**DIVORCES/NAME/LOCALE/DATE:** \_\_\_\_\_

**SUMMARY OF PROPERTY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF DEBTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DECEDENT ON MEDICAID?** \_\_\_\_\_ **DID MEDICAID BEGIN PRIOR TO 3/5/05?** \_\_\_\_\_

**PROCEEDING CHOSEN:** Ind. Admin. \_\_\_\_\_ Dep. Admin \_\_\_\_\_ Mun Title \_\_\_\_\_ Aff. Heirship \_\_\_\_\_

Det. Of Heirship \_\_\_\_\_ Other: \_\_\_\_\_ Bond required? \_\_\_\_\_

\*\*\*\*\*

**ATTORNEY'S USE:**

QUOTE: UNCOMPLICATED: \_\_\_\_\_ + COSTS; COMPLICATIONS OR CONTESTS: \_\_\_\_\_

PER HOUR: \_\_\_\_\_ RETAINER: \_\_\_\_\_