



Legal Intake Questionnaire

Probate

Full Name: _____
Email Address: _____
Phone Numbers: _____
Address: _____
County/City/State: _____ Zip Code: _____
Relationship to decedent: _____
Immediate needs, if any:
Financial _____
Custody of minor children: _____
Operation of business: _____
Other: _____

1. Personal information about decedent

Full name: _____
Last residence address(es):
Address: _____
County/City/State: _____ Zip Code _____
Address: _____
County/City/State: _____ Zip Code: _____
Date of death: _____
Place where decedent died: _____
Social Security number: _____

If decedent ever served in armed forces:

Branch: _____

Date entered: _____

Date discharged: _____

Type of discharge: _____

Service number: _____

Name, address, and phone number of surviving spouse:

Name(s) and address(es) of any former spouse(s), and date(s)
of each former marriage:

Whether decedent received any Medi-Cal benefits:

No

Yes, how much? _____

If decedent operated business as sole proprietor:

Number of employees: _____

Taxpayer identification number: _____

Accounting method: _____

Name and address of manager or responsible person:

If decedent was member of business partnership, please provide names and addresses of general partners:

Name(s) and address(es) of any other persons who may have knowledge of decedent's assets:

2. Information about decedent's relatives

Living children (include stepchildren, adopted children, and foster children):

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

Name, Address and Phone Number (if none of the above):

Deceased Children:	Parents:
Grandchildren	Grandparents:
Great-Grandchildren:	Siblings:

3. Information about will

Whether client knows location of decedent's will

Yes No

If location or existence of decedent's will are uncertain, please indicate if the following location have been checked:

Decedent's home:

Yes No

Decedent's office:

Yes No

Decedent's safe deposit box:

Yes No

Names of attorney's decedent may have consulted:

Names and addresses of following persons:

Witnesses to will:

Executor's Name: _____

Does named executor consents to act as executor:

Yes No

Name, age, and address of each beneficiary under will:

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

Name, age, and address, of each other person named in will, including persons expressly excluded or disinherited, executors, trustees, and guardians:

<u>Name</u>	<u>Age</u>	<u>Address and Phone Number</u>
1.		
2.		
3.		
4.		

4. Information about decedent's property

Estimated value of total estate: _____

For each parcel of real property:

Address: _____

County: _____

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): _____

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances: _____

Name(s) of tenants: _____

** For additional parcels please see page 14**

For each business decedent owned or had ownership interest in:

Name and address:

President, manager, or agent: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: _____

** For additional businesses please see page 15**

For each safe deposit box:

Name and address of institution:

Box number: _____

Person possessing any token of ownership (e.g., key):

** For additional safe deposit boxes please see page 16**

For each financial account:

Name and address of institution: _____

Account type and number: _____

Manner in which title is held:

Location of passbooks, if any: _____

** For additional financial accounts please see page 17**

For each Stock Brokerage Account:

Name and address of broker:

Account type and number: _____

Manner in which title is held: _____

** For additional Life Insurance Policies please see page 17**

For each Life Insurance Policy:

Name and address of agent: _____

Type of policy (e.g., whole life) and number: _____

Name of beneficiary: _____

Face value of policy: _____

Location of policy: _____

** For additional Life Insurance Policies please see page 18**

Personal property of significant value:

For each motor vehicle, brief description, current location, and estimate of value:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

For each item of jewelry:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

Clothing:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

For each item of artwork:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		

For any coin, stamp, gun, or other collection:

<u>Description</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

Bonds:

Description: _____

Location of bonds: _____

Estimate of value: _____

Copyrights and royalties:

Brief description: _____

Estimate of value: _____

Stock options:

Brief description: _____

Location: _____

Estimate of value: _____

For each other item of tangible or intangible personal property of significant value:

<u>Description of item</u>	<u>location</u>	<u>Estimated Value</u>
1.		
2.		
3.		
4.		
5.		
6.		

5. Amounts owed decedent

Unpaid salary: _____

Unpaid commissions: _____

Accounts receivable: _____

Interest or dividends: _____

Partnership income: _____

Alimony or child support: _____

Balance due on property sold prior to death: _____

Distributions from other estate or trust: _____

Amounts due from contracts to which decedent was party:

Bonds or notes: _____

Any other sources of payment not listed above: _____

6. Decedent's outstanding obligations

Expenses of final illness:

Funeral expenses: _____

Charge accounts: _____

Accounts payable: _____

Payroll: _____

Rent: _____

Loan payments: _____

Alimony or child support: _____

Amounts due on contracts to which decedent was party:

Any other debt not listed above: _____

7. Tax information

Location of decedent's most recent tax
returns: _____

Decedent's tax year: _____

If decedent made quarterly payments of estimated tax,
date and amount of last quarterly payment: _____

Source and estimated amount of decedent's income for year of death:

Date, nature, and amount of any gift decedent made prior to death
on which gift tax was paid: [IRC §§2012, 2035](#):

Location of all gift tax returns filed by decedent: _____

Date, nature, and amount of any property transferred to decedent by reason of transferor's death within 10 years of decedent's death: [IRC § 2013](#)

For any property located in foreign country: [IRC § 2014](#)

Amount of death taxes paid to foreign country: _____

Date of each payment: _____

Description and value of property: _____

If decedent was in the armed forces, did death result from active service in combat zone:

Yes

No

If decedent was civilian employee of United States government, did death result from terrorist activity outside United States:

Yes

No

Any general powers of appointment whose exercise or lapse may result in inclusion of property in decedent's estate for tax purposes: [IRC § 2041](#)

Any trusts created by decedent, or trusts in which decedent had any interest or power (such as power of trustee), together with copies of all such trusts:

Please read this, it is important:

By submitting this potential client intake form you are not establishing an attorney-client relationship with GRT. We are making no commitment to take your case and we are not taking any action on your behalf. In the event that we might be interested in taking your case we will communicate with you further and gather more information. No attorney-client relationship will exist if and until you and GRT execute a comprehensive attorney-client retainer/fee agreement.

Note: GRT does not do free or no cost consultations or evaluations in most cases.

I have read and I fully understand the notice upon this intake form.

Signature: _____

Date: _____

Additional information: Section 4(if needed)

Additional Parcels

Secondary Parcel:

Address: _____

County: _____

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): _____

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances:

Name(s) of tenants: _____

Tertiary Parcel:

Address: _____

County: _____

Nature of title (e.g., community property, joint tenancy, tenancy in common, separate property): _____

If separate property, amount of community property funds used to make payments or maintain property:

Nature & amount of encumbrances:

Name(s) of tenants: _____

**Additional business decedent owned or had
ownership interest in**

Secondary Business:

Name and address:

President, manager, or agent: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: _____

Tertiary Business:

Name and address:

President, manager, or agent: _____

Nature of decedent's interest: _____

Estimated value of decedent's interest: _____

Additional safe deposit boxes

Secondary Deposit boxes:

Names and address of institution:

Box number: _____

Person possessing any token of ownership (e.g., key):

Tertiary Deposit boxes:

Names and address of institution:

Box number: _____

Person possessing any token of ownership (e.g., key):

Additional financial accounts

Secondary Financial Accounts:

Name and address of institution: _____

Account type and number: _____

Manner in which title is held:

Location of passbooks, if any: _____

Tertiary Financial Accounts:

Name and address of institution: _____

Account type and number: _____

Manner in which title is held:

Location of passbooks, if any: _____

Additional stock brokerage accounts:

Secondary Stock Brokerage Accounts:

Name and address of broker:

Account type and number: _____

Manner in which title is held: _____

Tertiary Stock Brokerage Accounts:

Name and address of broker:

Account type and number: _____

Manner in which title is held: _____

Additional Life Insurance Policies:

Secondary Life Insurance Policy:

Name and address of agent: _____

Type of policy (e.g., whole life) and number: _____

Name of beneficiary: _____

Face value of policy: _____

Location of policy: _____

Tertiary Life Insurance Policy:

Name and address of agent: _____

Type of policy (e.g., whole life) and number: _____

Name of beneficiary: _____

Face value of policy: _____

Location of policy: _____

ADDITIONAL INFORMATION

REDWOOD CITY
888 993 1600

GOLD RIVER/SACRAMENTO
916 851 1900

MODESTO
209 491 4800

FRESNO
559 268 7768

SAN FRANCISCO
888 993 1600