

JODI HEAD LOPEZ & ASSOCIATES P.C.

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**CLIENT INTERVIEW SHEET**

Date: \_\_\_\_\_

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your probate issue. All information will be held in strict confidence.

**PART I - PERSONAL DATA**

**NAME of DECEDENT:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent a U.S. citizen? Yes: \_\_\_\_ No: \_\_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Location of Will, if any: \_\_\_\_\_

Date of Will: \_\_\_\_\_

Location of Codicils, if any: \_\_\_\_\_

Date of Codicils: \_\_\_\_\_

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Have they ever been convicted of a Felony? \_\_\_\_\_

**PART II - BENEFICIARIES or HEIRS AT LAW**

**NAME of SPOUSE/DOMESTIC PARTNER:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and place of marriage/domestic partnership: \_\_\_\_\_

Status of Spouse: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Under Conservatorship \_\_\_\_\_

**CHILDREN'S INFORMATION:**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.

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

**OTHER DEPENDENTS, IF ANY:**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Residence:** \_\_\_\_\_

**GRANDCHILDREN'S INFORMATION**

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
			_____

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
			_____

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
			_____

Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
		Yes/No	_____
		Yes/No	_____
		Yes/No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
		Yes/No	_____
		Yes/No	_____
		Yes/No	_____

Please provide the following information regarding decedent's former marriages, if any:

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

### PART III - DECEDENT'S DESIGNEES

**TRUSTEE** (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of any minor children should both parents die)

Name of Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

3rd Alternate Guardian: \_\_\_\_\_

### PART IV - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

**CASH**

Cash on hand: \_\_\_\_\_

Traveler's checks: \_\_\_\_\_

Money orders: \_\_\_\_\_

**ACCOUNTS**

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

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

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

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

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

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

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

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

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

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

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

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

**Last Will and Testament:**

1. Do you have a will? \_\_\_\_\_

a. If so, prepared by whom? \_\_\_\_\_

2. Does your spouse have a will? \_\_\_\_\_

a. If so, prepared by whom? \_\_\_\_\_

Mail

At what address do you wish to receive mail from this office?

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Referral:

Who/What referred you to this office? \_\_\_\_\_

I understand that there will be an initial \$ 150.00, consultation fee regardless of whether I decide to take any legal action or not.