

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: _____

NAME of ALTERNATE REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

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:

Name	Living	Age	Birthdate	Married	Address
_____	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

Name: _____ **Age:** _____ **Birthdate:** _____ **Names of parents:** _____

Name: _____ **Age:** _____ **Birthdate:** _____ **Names of parents:** _____

Name: _____ **Age:** _____ **Birthdate:** _____ **Names of parents:** _____

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.

Name:	Relationship:	Living Yes/No	Residence:
_____	_____	_____	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

Name:	Relationship:	Living Yes/No	Residence:
_____	_____	_____	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

Name of former spouse	Living	Date of Death or Divorce
_____	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?

Referral:

Who/What referred you to this office? _____

I understand that there will be an initial \$ 125.00, consultation fee regardless of whether I decide to take any legal action or not.