

ABRAHAM KANT – ATTORNEY AT LAW
akant@ssjmlaw.com

Client Name: _____

Date: _____

Probate Client Questionnaire

Please fill out this questionnaire and return it as soon as possible. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A."

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Personal Data

Decedent

Full Name: _____

Alias Names (if any): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: ____ / ____ / ____ Social Security Number (Last 3 digits): XXX-XX-X_____

Place of Birth: _____

Date of Death: ____ / ____ / ____ Place of Death: _____

Was decedent a U.S. citizen? (Y/N) _____

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: ____ / ____ / ____

Personal Representative

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Email: _____

Relationship to Decedent: _____

How did you hear about this office?

Website _____

Referred _____ By whom? _____

Other _____

Alternative Representative

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Relationship to Decedent: _____

Beneficiaries or Heirs at Law

Spouse or Domestic Partner

Full Name: _____

Birth Date: ____ / ____ / ____ Social Security Number (Last 3 digits): XXX-XX-X_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date and Place of Marriage/Partnership: ____ / ____ / ____ , _____

Marital Status of Spouse:

_____ Living

_____ Deceased

_____ Under Conservatorship

Children

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Name: _____ Age: _____ Birth Date: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Name: _____ Age: _____ Birth Date: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Name: _____ Age: _____ Birth Date: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Name: _____ Age: _____ Birth Date: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Name: _____ Age: _____ Birth Date: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Living? (Y/N) _____ Married? (Y/N) _____ Child's other Parent: _____

Other Dependents

Name: _____ Age: _____ State of Res.: _____

Name: _____ Age: _____ State of Res.: _____

Name: _____ Age: _____ State of Res.: _____

Grandchildren

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Names of Parents: _____

Decedent's Parents and Siblings

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Spouse's Parents and Siblings

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Name: _____ Relationship: _____

City & State of Residence: _____ Living? (Y/N) _____

Former Marriages

Name: _____

Living? (Y/N) _____ Date of Death or Divorce: ____ / ____ / ____

Name: _____

Living? (Y/N) _____ Date of Death or Divorce: ____ / ____ / ____

Name: _____

Living? (Y/N) _____ Date of Death or Divorce: ____ / ____ / ____

For any questions, comments or concerns please contact:

Abraham Kant

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