**FULKERSON & FULKERSON CLIENT INTAKE**

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FILE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **CLIENT OR BUSINESS FULL LEGAL NAME** |  |
| **CLIENT CONTACT** |  |
| **BUSINESS ADDRESS** |  |
| **HOME ADDRESS** |  |
| **MAILING ADDRESS****(if different)** |  |
| **E-MAIL ADDRESS** |  |
| **E-MAIL ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **WORK PHONE** |  |
| **EMPLOYER** |  |
| **EMPLOYER ADDRESS** |  |

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| --- | --- |
| **SPOUSE NAME AND PHONE** |  |
| **MEMBER/OFFICER NAME AND PHONE** |  |
| **MEMBER/OFFICER NAME AND PHONE**  |  |

**LEGAL ISSUE OR CASE**

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| **ATTORNEY** |  |
| **OTHER STAFF** |  |
| **REFERRED BY** |  |
| **BILLING TYPE** |  |

**PROBATE INTAKE**

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| --- | --- |
| **DECEDENT’S FULL LEGAL NAME** |  |
| **OTHER NAMES THAT THE DECEDENT WAS KNOWN BY** |  |
| **DECEDENT’S ADDRESS & COUNTY** |  |
| **DATE OF BIRTH**  |  |
| **DATE OF DEATH** |  |
| **SOCIAL SECURITY NUMBER** |  |
| **NAME OF DECEDENT’S SPOUSE****(If spouse is deceased, please provide copy of spouse’s death certificate)** |  |

**Documents that we will need from you**

* Original Will
* Trust Documents
* Certified Death Certificate
* Real Estate Deeds
* Mineral Deeds
* Statement of all Financial Accounts as of the date of death (Checking, Savings, Retirement, 401k, IRA, Certificates of Deposit)
* Life Insurance Certificates of Coverage
* List of Personal Property of Value
* List of known Creditors

**Information about the Personal Representative**

|  |  |
| --- | --- |
| **FULL LEGAL NAME** |  |
| **OTHER NAMES THAT YOU GO BY** |  |
| **HOME ADDRESS****&****COUNTY** |  |
| **MAILING ADDRESS****(if different)** |  |
| **EMAIL ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **WORK PHONE** |  |
| **EMPLOYER** |  |
| **EMPLOYER ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **SOCIAL SECURITY NUMBER** |  |

**Information about a Co-Personal Representative**

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| --- | --- |
| **FULL LEGAL NAME** |  |
| **OTHER NAMES THAT YOU GO BY** |  |
| **HOME ADDRESS****&****COUNTY** |  |
| **MAILING ADDRESS****(if different)** |  |
| **EMAIL ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **WORK PHONE** |  |
| **EMPLOYER** |  |
| **EMPLOYER ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **SOCIAL SECURITY NUMBER** |  |

**Information about the Decedent’s family**

Children (Include children who have passed away)

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| **CHILD FULL NAME** | **DATE OF BIRTH** | **LIVING OR DECEASED** | **ADDRESS** |
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Grandchildren/Great Grandchildren

(If the Decedent was predeceased by any children)

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| **GRANDCHILD’S FULL LEGAL NAME** | **NAME OF THE GRANDCHILD’S PARENT (The Deceased Child)** |
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Parents and siblings

(If the Decedent has no spouse or children)

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| **FULL NAME** | **RELATION TO DECEDENT** | **LIVING OR DECEASED** | **ADDRESS** |
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Beneficiaries under the Will

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| **BENEFICIARY’S FULL NAME** | **DATE OF BIRTH** | **LIVING OR DECEASED** | **ADDRESS** |
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**Specific List of Assets**

**FINANCIAL ACCOUNTS**

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| **NAME OF FINANCIAL INSTITUTION** | **NAME OF THE****ACCOUNT** | **TYPE OF ACCOUNT** | **BENEFICIARY DESIGNATIONS** |
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**REAL ESTATE AND MINERAL INTERESTS**:

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| **ADDRESS** | **NAME ON TITLE OF PROPERTY** | **MORTGAGE AMOUNT** | **PROPERTY VALUE** |
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**LIFE INSURANCE POLICIES**

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| **COMPANY****NAME** | **PERSON** **INSURED** | **BENEFICIARY DESIGNATIONS** |
| **PRIMARY** | **CONTINGENT** |
| **LIFE INSURANCE (Include accidental death policies)** |
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**BUSINESS OWNERSHIP INTERESTS**:

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| **BUSINESS NAME** | **OWNERSHIP INTEREST** | **OTHER INFORMATION** |
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**Known Creditors**

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| **CREDITOR’S NAME AND****ADDRESS** | **AMOUNT OF DEBT**  |
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