

# GOLDSMITH & GUYMON

*A Professional Corporation*

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## NEW CLIENT INFORMATION FORM - PROBATE

The following information will assist the attorney in the initial interview and will save time (and, therefore, fees). Please print legibly. (Feel free to attach your business card in lieu of name, address, etc.) If you do not have sufficient room to complete an answer, please write on the back of the page (and so indicate). Answer to the best of your ability. You can discuss any problems or questions when you meet with the attorney.

There is generally a fee for the initial consultation, and you may leave a check with the receptionist or the attorney's secretary. If further services are agreed upon, you will be asked to sign a fee agreement and to pay a retainer.

The purpose of this initial consultation is to give you the opportunity to describe your legal problem. The attorney will then set forth your options under the law and estimate the time and expense involved. Seldom is there an easy answer to a complex legal problem, but we will do our best to answer your questions and address your concerns.

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### GENERAL INFORMATION:

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE (S) : HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

CELLULAR: \_\_\_\_\_ FAX: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

LIST THE NAME(S) OF ANYONE ACCOMPANYING YOU TODAY:

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

WHO REFERRED YOU TO OUR FIRM? \_\_\_\_\_

TO WHICH ATTORNEY WERE YOU REFERRED? \_\_\_\_\_

**PROBATE INFORMATION:**

NAME OF DECEDENT: \_\_\_\_\_

WAS DECEDENT A NEVADA RESIDENT AT THE TIME OF DEATH?: Yes / No

DATE OF DEATH: \_\_\_\_\_ LOCATION OF DEATH: \_\_\_\_\_

DID THE DECEDENT EXECUTE A LAST WILL AND TESTAMENT? Yes / No  
If Yes, what was the date of Last Will and Testament? \_\_\_\_\_

DID DECEDENT EXECUTE A CODICIL? Yes / No  
If Yes, what was the date of the Codicil? \_\_\_\_\_

HAVE THE WILL and/or CODICIL BEEN FILED WITH THE COURT? Yes / No  
If Yes, what date: \_\_\_\_\_

LIST THE NAMES AND ADDRESSES OF ALL THE BENEFICIARIES NAMED IN THE WILL and/or CODICIL AND THEIR RELATIONSHIP TO THE DECEDENT:

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THE NAMES, ADDRESSES AND RELATIONSHIP OF THE DECEDENT'S PARENTS, GRANDPARENTS, CHILDREN, GRANDCHILDREN, BROTHERS & SISTERS. (It is not necessary to repeat those persons listed above.)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT IS THE APPROXIMATE GROSS VALUE OF THE ESTATE? (i.e. Fair market value of residence, cars, collections, bank accounts, other real estate, etc.)

WHAT IS THE APPROXIMATE NET VALUE OF THE ESTATE (i.e. Fair Market Value less any encumbrances; i.e. mortgages, car loans, etc.)

ARE ANY OF THE BENEFICIARIES OR FAMILY MEMBERS LISTED ABOVE UNDER THE AGE OF 18? Yes / No \_\_\_ If so, who?

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

**DOCUMENTS:**

MAKE SURE TO PROVIDE THE ATTORNEY WITH ALL RELEVANT DOCUMENTS.

HAVE YOU BROUGHT WITH YOU ALL DOCUMENTS RELATING TO YOUR LEGAL PROBLEM? Wills, Trusts, Codicils, Death Certificate, Deeds, etc.  
YES \_\_\_/ NO \_\_\_\_\_

If yes, please attach.

IF YOU HAVE NOT BROUGHT ALL RELEVANT DOCUMENTS, WHAT OTHER DOCUMENTS EXIST AND WHERE ARE THEY?

DOCUMENTS

LOCATION

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(Signature)