

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Probate

Date: _____

Please complete this questionnaire. All information will be held in strict confidence.

1. Information about you:

a. Name: _____

b. Date of birth: _____

c. Social Security number: _____

d. Driver's License number: _____

e. Address: _____

f. Telephone number: _____

g. Email: _____

2. NAME of DECEDENT: _____

Other names (if any): _____

Address: _____

Date of birth: _____

Place of birth: _____

Date of death: _____

Place of death: _____

Social Security number: _____

Was Decedent a U.S. citizen? Yes: ___ No: ___

3. **DESCENDANTS**

A. DECEDENT'S SURVIVING SPOUSE:

Name: _____

Address: _____

Telephone number: _____

E-mail: _____

Date of birth: _____

Social Security number: _____
 Date and place of marriage: _____
 Status of Spouse: ____ Living ____ Deceased ____ Under Conservatorship

B. DECEDENT'S CHILDREN (BORN AND ADOPTED)

Name	Living	Age	Birthdate	Married	Address
_____	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.

4. 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.

A. 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: _____

BANK ACCOUNTS

1. Name of financial institution: _____

Account title: _____

Account number: _____

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

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

2. Name of financial institution: _____

Account title: _____

Account number: _____

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

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

3. Name of financial institution: _____

Account title: _____

Account number: _____

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

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

B. REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

1. Street address: _____

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

2. Street address: _____

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

C. MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

D. BROKERAGE /MUTUAL FUND ACCOUNTS:

1. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

2. Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts if any): _____

Account title: _____

Account number (and numbers of subaccounts if any): _____

Value (as of _____)\$ _____

E. STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

1. Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Current market value (as of _____): \$ _____

2. Name of security: _____

Number of shares: _____

Type: (common stock/preferred stock/bond/other _____)

Certificate numbers: _____

In possession of: _____

Current market value (as of _____): \$ _____

F. CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

1. Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
----------------------------	-----------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

G. RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

1. Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Designated beneficiary: _____

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

2. Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Designated beneficiary: _____

Current account balance (as of ____): \$ _____

H. LIFE INSURANCE:

1. Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Cash surrender value: \$ _____

2. Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Cash surrender value: \$ _____

I. ANNUITIES:

1. Name of company: _____

Policy number: _____

Name of owner: _____

Designated beneficiary: _____

Type of annuity: _____ Face Amount: \$ _____

Current value (as of ____): \$ _____

2. Name of company: _____
Policy number: _____
Name of owner: _____
Designated beneficiary: _____
Type of annuity: _____ Face Amount: \$ _____
Current value (as of _____): \$ _____

J. MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

1. Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

2. Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

K. SAFE DEPOSIT BOXES:

1. **Name of depository:** _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

2. **Name of depository:** _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

L. OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Referral:

Who referred you to this office? _____