

DATE: _____

Consultation Paid:

JOEY GILBERT LAW

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HOW DID YOU HEAR ABOUT US?: _____

I. YOUR INFORMATION:

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Home # _____

Cell # _____ E Mail Address: _____

How are you related/know the Decedent: _____

Are you willing to be the Executor/Personal representative? Yes No

Have you EVER been convicted of a Felony Yes No

II. DECEDENT'S INFORMATION:

Full Legal Name _____

Address _____

City _____ State _____ Zip _____ Home # _____

Date of Birth _____ Date of Death: _____

III. INFORMATION REGARDING DECEDENT'S DEATH:

What City & State was the Decedent a resident of at the time of death: _____

Where did Decedent die? _____

Have you requested a Death Certificate Yes No **If not please do so as they can take 30-60 days**

Is there a Will or Trust? Yes No Do you have the original Will? Yes No

If no, who is the executor? _____

Did the Decedent receive low income State Medical Aid through Medicaid (Not Medicare)? Yes No

IV. HEIRS/BENEFICIARIES: (Please list all spouses and children even if not included in will.)

1) Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent? _____ Are they beneficiaries of the Will? Yes No

2) Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent? _____ Are they beneficiaries of the Will? Yes No

3) Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Relationship to Decedent? _____ Are they beneficiaries of the Will? Yes No

4) Name _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Relationship to Decedent? _____ Are they beneficiaries of the Will? Yes No

5) Name _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Relationship to Decedent? _____ Are they beneficiaries of the Will? Yes No

V. DECEDENT'S REAL PROPERTY (house/land):

- A. Did the Decedent own their main residence? Yes No
- i. Provide address: _____
- ii. Is there a Mortgage? Yes No How much is the balance owed? \$ _____
- iii. When does Homeowners Insurance Expire? _____
- B. Did the Decedent own other real property? Yes No
- i. Provide address: _____
- ii. Is there a Mortgage? Yes No How much is the balance owed? \$ _____
- iii. When does Homeowners Insurance Expire? _____

VI. DECEDENT'S PERSONAL PROPERTY: (if there is a named beneficiary, do not list)

A. BANK/FINANCIAL ACCOUNTS: (checking, savings, CDs, Mutual funds, Retirement accounts)

- a. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____
- b. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____
- c. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____
- d. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____
- e. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____
- f. Name of Bank/financial Institution: _____
Amount/Balance \$ _____ Account Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____

B. LIFE INSURANCE POLICIES: (only those without a direct beneficiary)

- a. Name of Insurance Company: _____
Amount/Balance \$ _____ Policy Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____

b. Name of Insurance Company: _____
Amount/Balance \$ _____ Policy Number _____
Phone #: _____ Address: _____
City _____ State _____ Zip _____

C. VEHICLES:

a. Make of Vehicle: _____ Year: _____
Model _____ VIN#: _____
Do you have the original Title? Yes No Is it in Decedent's Name? Yes No
Registration Expiration date? _____ Insurance Expiration Date? _____

b. Make of Vehicle: _____ Year: _____
Model _____ VIN#: _____
Do you have the original Title? Yes No Is it in Decedent's Name? Yes No
Registration Expiration date? _____ Insurance Expiration Date? _____

c. Make of Vehicle: _____ Year: _____
Model _____ VIN#: _____
Do you have the original Title? Yes No Is it in Decedent's Name? Yes No
Registration Expiration date? _____ Insurance Expiration Date? _____

d. Make of Vehicle: _____ Year: _____
Model _____ VIN#: _____
Do you have the original Title? Yes No Is it in Decedent's Name? Yes No
Registration Expiration date? _____ Insurance Expiration Date? _____

D. COMPANY

a. Did Decedent own a Company or have any ownership interest in a Company? Yes No
b. If Yes, provide name of Company _____
c. Provide company documents (articles etc. addressing Estate Planning)
d. Who is in charge of said company? Name, phone, address: _____

E. PERSONAL BELONGINGS

a. List assets of significant value. Ie a Picasso painting, diamond ring worth \$60,000.
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____
h. _____

VII. DECEDENT'S CREDITORS/DEBT: (credit cards, medical debt, student loans, other debt)

A. Creditor Name _____ Phone #: _____
Address _____
City _____ State _____ Zip _____
Total Amount owed? \$ _____ Account Number: _____

B. Creditor Name _____ Phone #: _____
Address _____
City _____ State _____ Zip _____
Total Amount owed? \$ _____ Account Number: _____

- C. Creditor Name _____ Phone #: _____
 Address _____
 City _____ State _____ Zip _____
 Total Amount owed? \$ _____ Account Number: _____
- D. Creditor Name _____ Phone #: _____
 Address _____
 City _____ State _____ Zip _____
 Total Amount owed? \$ _____ Account Number: _____
- E. Creditor Name _____ Phone #: _____
 Address _____
 City _____ State _____ Zip _____
 Total Amount owed? \$ _____ Account Number: _____
- F. Creditor Name _____ Phone #: _____
 Address _____
 City _____ State _____ Zip _____
 Total Amount owed? \$ _____ Account Number: _____

VIII. IMPORTANT NOTES

There is a non-refundable \$300.00 consultation fee, which is not refundable and does not guarantee that the attorney will take your case. Additional fees will be charged for further services as agreed hereafter. You expressly understand and acknowledge the instant Consultation Agreement in no way constitutes an agreement by this firm to represent your legal interest in any manner whatsoever. Any legal representation of your interests will only commence upon execution of a Contract for Professional Services. You also agree and acknowledge the instant Consultation Agreement does not create any ongoing attorney/client relationship and said relationship is established solely for purposes of the consultation only. The consultation is the attorney's opinion of your case and you are welcome to obtain a second opinion or advice from other legal counsel.

THE ABOVE INFORMATION IS TRUE AND CORRECT:

DATE: _____

 POTENTIAL CLIENT

 POTENTIAL CLIENT

ATTORNEY NOTES:

