



MORTON LAW FIRM, PLLC

Probate

Client Information Summary

Confidential

Morton Law Firm, PLLC
Estate Planning, Asset Protection & Elder Law
132 Fairmont St.
Clinton, Mississippi 39056
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rmorton@mortonlaw.com

YOUR CONTACT INFORMATION:

FULL LEGAL NAME: _____

ALSO KNOWN AS: _____

BIRTH DATE: _____ SS# _____ US CITIZEN? _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO DECEDENT: _____

DECEDENT'S INFORMATION

DID DECEDENT HAVE A LAST WILL AND TESTAMENT? ___ Y ___ N

IF YES, WHO IS THE NAMED EXECUTOR OF THE DECEDENT'S ESTATE?

DECEDENT'S INFORMATION CONTINUED:

FULL LEGAL NAME: _____

ALSO KNOWN AS: _____

BIRTH DATE: _____ SS# _____ US CITIZEN? _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF DEATH: _____ COUNTY OF RESIDENCE: _____

COUNTY OF DEATH: _____

MARRIED AT TIME OF DEATH? ___ Y ___ N

DECEDENT'S SPOUSE INFORMATION: (IF APPLICABLE)

FULL LEGAL NAME: _____

ALSO KNOWN AS: _____

BIRTH DATE: _____ SS# _____ US CITIZEN? _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

DECEDENT'S

DECEDENT

CHILD'S NAME

- DECEASED
- CHILD IS MOTHER'S ONLY
- CHILD IS FATHER'S ONLY
- CHILD IS JOINT

DESCENDANT'S NAME

DESCENDANT'S NAME

DESCENDANT'S NAME

CHILD'S NAME

- DECEASED
- CHILD IS MOTHER'S ONLY
- CHILD IS FATHER'S ONLY
- CHILD IS JOINT

DESCENDANT'S NAME

DESCENDANT'S NAME

DESCENDANT'S NAME

ADDITIONAL

NAME OF FAMILY MEMBER
RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER
RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER
RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER
RELATIONSHIP TO DECEDENT _____

FAMILY

SPOUSE

MARRIED AT THE TIME OF DEATH

LIVING AT TIME OF DEATH

DATE OF DEATH: _____

CHILD'S NAME

DECEASED

CHILD IS MOTHER'S ONLY

CHILD IS FATHER'S ONLY

CHILD IS JOINT

CHILD'S NAME

DECEASED

CHILD IS MOTHER'S ONLY

CHILD IS FATHER'S ONLY

CHILD IS JOINT

DESCENDANT'S
NAME

DESCENDANT'S
NAME

DESCENDANT'S
NAME

DESCENDANT'S
NAME

DESCENDANT'S
NAME

DESCENDANT'S
NAME

FAMILY MEMBERS

NAME OF FAMILY MEMBER

RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER

RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER

RELATIONSHIP TO DECEDENT _____

NAME OF FAMILY MEMBER

RELATIONSHIP TO DECEDENT _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR **ALL** INDIVIDUALS FROM THE "DECEDENT'S FAMILY." (INSERT ADDITIONAL SHEETS, IF NECESSARY)

<u>NAME / ADDRESS</u>	<u>BIRTH DATE</u>	<u>RELATIONSHIP TO DECEDENT</u>
1. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
2. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
3. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
4. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
5. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
6. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
7. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
8. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
9. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____
10. _____ _____ _____	_____ TELEPHONE NUMBER: _____	_____ _____

CREDITORS OF THE ESTATE:

KNOWN CREDITORS: ___ Y ___ N

IF YES, PLEASE PROVIDE US WITH A LIST OF CREDITORS OF THE DECEDENT. (INSERT ADDITIONAL SHEETS, IF NECESSARY)

	<u>CREDITOR/ADDRESS</u>	<u>DEBT AMOUNT</u>	<u>DISPUTE DEBT AMOUNT</u>
1.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	_____ _____ _____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL DOCUMENTATION

GENERAL DOCUMENT REQUEST. IN SOME INSTANCES, IT IS NECESSARY FOR US TO REVIEW OTHER DOCUMENTS BEFORE WE CAN CONTINUE WITH ESTATE. IF POSSIBLE, PLEASE BRING WITH YOU TO THE INITIAL INTERVIEW THE FOLLOWING DOCUMENTATION:

- DEATH CERTIFICATE FOR THE DECEDENT.
- DEATH CERTIFICATE FOR ANY IMMEDIATE FAMILY MEMBERS OF THE DECEDENT (IF APPLICABLE).
- COPIES OF ANY REAL ESTATE OWNED BY THE DECEDENT (IF APPLICABLE).
- COPIES OF THE DECEDENT'S WILL AND/OR TRUSTS (IF APPLICABLE).
- COPIES OF ANY STATEMENTS FROM CREDITORS (IF APPLICABLE).

REFERRAL

BY WHOM WERE YOU REFERRED TO THIS OFFICE? _____

CERTIFICATION

THE UNDERSIGNED HEREBY REPRESENTS TO MORTON LAW FIRM, PLLC, AND EACH OF ITS ATTORNEYS, THAT THE INFORMATION CONTAINED IN THIS INTAKE FORM IS ACCURATE AND COMPLETE AND THAT THE UNDERSIGNED UNDERSTANDS THAT THE LAW FIRM AND ITS INDIVIDUAL LAWYERS WILL RELY ON THIS INFORMATION IN GIVING ME ADVICE. I UNDERSTAND THAT IF THE INFORMATION IS INACCURATE OR INCOMPLETE, THE RECOMMENDATIONS MADE BY THE LAW FIRM MAY NOT BE APPROPRIATE.

SIGNED _____