

1625 Williams Drive, Bldg. 1 Georgetown, Texas 78628 Phone: (512) 930-0529

PROBATE INTAKE

Your Full Name:	Your e-mail address:		
Address:			
City/State/Zip:			
Cell Phone:	Work Telephone:		
Driver's License #:	Birthdate:		
Social Security #:	Sex: M	F	
Decedent's Full name:			
Date of Birth:	Date of Death		
Address of Decedent:		County:	
Where did Decedent pass (city,	county, state)?;		
Who is listed as Executor of the	e Will?:		
Decedent's Social Security #:			
Property owned by Decedent:			
Home:			-
	checking		- Approx Balance:
Bank Accts:		_ savings	
Bank Accts:	checking	_ savings savings	Approx Balance:

1	
2	
	
3.	
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/ho Will Be Responsible for Your Account With Us?:	
ave you seen another attorney about this matter?	•
ame and phone number of person, not currently living with y	you, to contact in case of an emergency: