

**PROBATE CLIENT INFORMATION**

(Fill out as completely as possible - Please print.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we send you email statements? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name of person who will always know your whereabouts: \_\_\_\_\_

PhoneNumber: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**How were you referred to us?** \_\_\_\_\_

**New Client \_\_\_ or Previous Client \_\_\_ (check one)**

Full Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Residence of deceased at time of death: \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_

Did deceased leave a will? \_\_\_\_\_ Location of will: \_\_\_\_\_

Did deceased have a safe deposit box? \_\_\_\_\_ Sole or Joint? \_\_\_\_\_

Name of joint owner: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Was deceased ever in a state or county institution?

\_\_\_\_\_

Did deceased ever receive old age assistance? \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_

List relatives of deceased:

<u>Name</u>	<u>Relationship to Deceased</u>	<u>Address</u>	<u>Approx. Age</u>	<u>Soc. Sec. No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Those named in will other than above-listed relatives:

Name	Relationship to Deceased	Address	Approx. Age	Soc. Sec. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance policies owned by deceased:

Type of Policy	Company
_____	_____
_____	_____
_____	_____
_____	_____

Real estate in which deceased had an interest:

Location of Property	Type of Interest, If Known (Joint, solely owned, etc.)
_____	_____
_____	_____
_____	_____

Other property of deceased:

Please describe as fully as possible. Use the back of this page if more space is necessary.

Year/Make	Ownership (Sole/Joint)	Fully Paid For?	Estimated Value
Automobile: _____	_____	_____	_____
Automobile: _____	_____	_____	_____

Bank Name	Type Of Account	Account Ownership Number	(Sole/Joint)	Estimated Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Stocks or Bonds	Broker	Number of Shares	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Estimated value of household furnishings: \_\_\_\_\_

Items of jewelry, art, coin collections, etc. and estimated value:  
\_\_\_\_\_  
\_\_\_\_\_

Debts of deceased as of date of death: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did decedent own any property outside of Wisconsin? \_\_\_\_\_  
If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
-----

**McLARIO, HELM, BERTLING & SPIEGEL, S.C.**  
**N88 W16783 Main Street**  
**Menomonee Falls, WI 53051-2890**  
**PHONE 262/251-4210 FAX 262/251-5549**