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CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your probate issue. All information will be held in strict confidence.

PART I - PERSONAL DATA

1. FULL NAME of DECEDENT: _____

Alias Names (if any): _____

Full Address: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Last 4 of Social Security Number: _____

Driver's license number and state: _____

Was Decedent a U.S. citizen? YES / NO

If naturalized U.S. citizen, date and place of naturalization: _____

Location & date of original Will, if any: _____

Location & date Codicils, if any: _____

Did Decedent receive Medicaid benefits on or after March 1, 2005? YES / NO

2. DECEDENT'S PERSONAL REPRESENTATIVE:

Full Name: _____

Full Address: _____

Date of Birth: _____

Place of Birth: _____

Phone #: _____

Email: _____

Last 4 of Social Security Number: _____

Driver's license number and state: _____

Relationship to Decedent: _____

Have you ever been convicted of a Felony? YES / NO

3. DECEDENT'S ALTERNATE REPRESENTATIVE:

Full Name: _____

Full Address: _____

Date of Birth: _____

Place of Birth: _____

Phone #: _____

Email: _____

Last 4 of Social Security Number: _____

Driver's license number and state: _____

Relationship to Decedent: _____

Have they ever been convicted of a Felony? YES / NO

PART II - BENEFICIARIES or HEIRS AT LAW

1. DECEDENT'S SPOUSE/DOMESTIC PARTNER, IF ANY:

Full Name: _____

Full Address: _____

Phone #: _____

Email: _____

Date of Birth: _____

Last 4 of Social Security Number: _____

Driver's license number and state: _____

Date of marriage/domestic partnership: _____

Place of marriage/domestic partnership: _____

Deceased? If so, date: _____

Under Conservatorship? YES / NO

2. DECEDENT'S CHILDREN, IF ANY:

Full Name: _____

Full Address: _____

Place of Birth: _____ Date of Birth: _____

Deceased? If so, date: _____

Name of child's other parent, if not decedent's surviving spouse/partner: _____

Full Name: _____

Full Address: _____

Place of Birth: _____ Date of Birth: _____

Deceased? If so, date: _____

Name of child's other parent, if not decedent's surviving spouse/partner: _____

3. DECEDENT'S OTHER DEPENDENTS, IF ANY:

Full Name: _____ Age: _____

Full Address: _____

Full Name: _____ Age: _____

Full Address: _____

4. DECEDENT'S GRANDCHILDREN, IF ANY:

Full Name: _____

Date of Birth: _____ Age: _____

Names of parents: _____

Full Name: _____

Date of Birth: _____ Age: _____

Names of parents: _____

5. DECEDENT'S PARENTS & SIBLINGS IF ANY:

Full Name: _____ Living? YES / NO

Full Address: _____

Relationship: _____

Full Name: _____ Living? YES / NO

Full Address: _____

Relationship: _____

6. DECEDENT'S SURVIVING SPOUSE / PARTNER'S PARENTS & SIBLINGS, IF ANY:

Full Name: _____ Living? YES / NO

Full Address: _____

Relationship: _____

Full Name: _____ Living? YES / NO

Full Address: _____

Relationship: _____

7. DECEDENT'S FORMER MARRIAGES, IF ANY:

Name of former spouse: _____

Living? YES / NO

Date of death / divorce: _____

Name of former spouse: _____

Living? YES / NO

Date of death / divorce: _____

PART III - DECEDENT'S DESIGNEES

1. DECEDENT'S TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Full Name of Trustee: _____

Full Address: _____

Phone #: _____ Email: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

2. GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of any minor children should both parents die)

Full Name of Guardian: _____

Full Address: _____

Phone #: _____ Email: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

PART IV - ASSETS

1. DECEDENT'S PROPERTY (location and legal description): _____

Is the property separate property, the surviving spouse's/partner's separate property or community property? _____

State the name(s) which appear on the title: _____

State whether the property is held With Right Of Survivorship, if known: YES / NO

2. CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:

Cash on hand: \$ _____

Traveler's checks: \$ _____

Money orders: \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance as of _____ : \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance as of _____ : \$ _____

PART V - DEBTS

1. **Name of secured creditor:** _____
Account number: _____ Balance due: \$ _____
2. **Name of secured creditor:** _____
Account number: _____ Balance due: \$ _____
3. **Name of unsecured creditor:** _____
Account number: _____ Balance due: \$ _____
4. **Name of unsecured creditor:** _____
Account number: _____ Balance due: \$ _____

PART VI – DISINTERESTED WITNESSES

Names TWO disinterested witnesses that were familiar with the Decedent.

1. Full Name: _____
Full Address: _____
Phone number: _____ Email: _____
Relationship to Decedent: _____

2. Full Name: _____
Full Address: _____
Phone number: _____ Email: _____
Relationship to Decedent: _____

PART VII – YOUR LAST WILL AND TESTAMENT

Do you and your spouse have a will? YES / NO If so, prepared by whom? _____

PART VIII – REFERRAL

Who may we thank for your referral to our office? _____

I understand that there will be an initial \$150.00 consultation fee, regardless of whether I decide to take any legal action or not.

Signature