

McCONNELL LAW OFFICE
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INITIAL PROBATE CONSULTATION: Please complete this form to the best of your ability.

| | | |
|----------------------------|---------|--------|
| Your name | | |
| Your address | | |
| Contact information | phone # | Cell # |
| | email | |

| | |
|--|--|
| Your relationship to the decedent (child, parent, sibling...) | |
|--|--|

| | | |
|------------------------------------|--------------------------------------|----------------------|
| Was there a will? YES NO | Do you have a copy? YES NO | Date of will: |
|------------------------------------|--------------------------------------|----------------------|

| | | |
|-------------------------------------|--------------------------------------|-----------------------|
| Was there a trust? YES NO | Do you have a copy? YES NO | Date of trust: |
|-------------------------------------|--------------------------------------|-----------------------|

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|--|
| Will you be the Administrator/Executor of the estate? YES NO |
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| Do you have the names, addresses, phone numbers and any other contact information for all those mentioned in the will or who are closely related to the decedent? YES NO |
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| | |
|---|-----------|
| Do you have copies of the certified death certificate? | YES NO |
|---|-----------|

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|---|--|
| What was the residence of the decedent at the time of death? | |
|---|--|

| | |
|--|------------------------------------|
| How many real estate properties are in the decedent's name? | 0 1 2 3 4 5 more |
|--|------------------------------------|

| |
|---|
| Are you aware of any disagreements over how the estate of the decedent is to be disbursed? YES NO |
| If yes give a short explanation. |
| |

| | |
|--|-----------|
| Do you have information on all the debts of the decedent? | YES NO |
|--|-----------|

| | |
|---|-----------|
| Do you have information on all the assets of the decedent? | YES NO |
|---|-----------|

| | |
|--|-----------|
| Are there any emergency or immediate concerns you have today? | YES NO |
|--|-----------|

| | |
|--|--|
| What do you want to accomplish today? | |
|--|--|

Signature:

Date: