



Probate Intake Form

Client Information

All information you provide will remain confidential and privileged so please answer all questions fully and accurately.

Full Legal Name: _____
(first, middle, last)

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____
(if different)

Telephone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Relationship to Decedent: _____

Decedent's Information

Full Legal Name: _____
(first, middle, last)

Date of Birth: _____ Date of Death: _____

Place of Death: _____

Residence Address at Death: _____

Mailing Address: _____
(If different)

Business/Occupation: _____

Social Security Number: _____

Marital Status at Death: _____

Did the Decedent leave a Last Will and Testament? Yes ☐ No ☐ I do not know ☐

Are you the person named as Personal Representative/Executor in the Last Will and Testament? Yes ☐
No ☐ N/A ☐

Has there already been a probate proceeding initiated for Decedent's estate?

Yes ☐ No ☐ I do not know ☐

If 'Yes' what county was the probate proceeding initiated? _____

Family Information

1. Did Decedent have any children? Yes ☐ No ☐
2. How many children did Decedent have? _____
3. Did any of Decedent's children predecease them? Yes ☐ No ☐

Assets

1. Did Decedent own real property (including mineral rights)? Yes ☐ No ☐
2. Did Decedent have any of the following accounts:
Bank Accounts ☐ Retirement Accounts ☐ Investment Accounts ☐
3. Did Decedent own a business? Yes ☐ No ☐
4. Approximately, what is the total value of the assets Decedent owned? \$ _____

How were you referred to True North Law Group?

- ☐ Google/Search Engine
- ☐ Social Media – If so, name of site (Facebook, LinkedIn, etc.): _____
- ☐ Seminar – If so, date and place of seminar: _____
- ☐ Individual referral – If so, name of person who referred you: _____

Acknowledgements

- ☐ I have completed this form as fully and accurately as possible.
- ☐ I understand that if joint representation is being sought, each prospective client must individually complete an Acknowledgment of Joint Representation disclosing any potential conflicts of interest.
- ☐ I understand that the attorneys of True North Law Group, PLLC have not yet agreed to represent me, and that the purpose of submitting this Intake Form is for the attorneys of the True North Law Group, PLLC to consider whether or not to represent me.
- ☐ I understand that there may be legal deadlines for filing and answering claims, and that the attorneys of True North Law Group, PLLC have not agreed to advise me of those deadlines based on the information in this Intake Form, and the attorneys of True North Law Group, PLLC do not agree to do anything on my behalf at this time.

Signature: _____ Date: _____

If an individual other than yourself will be financially responsible for any legal services, please print their name and relationship to you here: _____