



LYNN LAW GROUP

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CONSULTATION - PROBATE

CLIENT NAME:	DATE:	
DECEDENT:	FORM PREPARED BY:	
SOCIAL SECURITY NO.:	RESIDENCY STATE:	
DATE OF DEATH:	REFERRAL:	
PLACE OF DEATH:	INTESTATE?	
MARITAL STATUS:	MINOR CHILDREN?	NAMED PERSONAL REPRESENTATIVE:
RACE:	SEX:	TESTATE?

SPOUSE/CHILDREN

NAME	RELATIONSHIP	ADDRESS	DOB	IN WILL?

REAL PROPERTY

ADDRESS	VALUE	MORTGAGE BALANCE	LIENHOLDER	PAYMENT	RENT	TAX	INS	HOME

MOTOR VEHICLES

AUTOMOBILE (YEAR/MAKE/MODEL)	VALUE	LOAN BALANCE	FINANCE CO.	ARREARS	MONTHLY PAYMENT	INTENT

GENERAL ASSETS

ASSET	IN WILL	BENEFICIARY	RESIDUAL	ARREARS	MONTHLY PAYMENT
HOUSEHOLD FURNISHINGS					
UNPAID WAGES					

OTHER ASSETS
PERSONAL INJURY/CREDITORS?

BANK ACCOUNTS/RETIREMENT ACCOUNTS				
INSTITUTION	ACCOUNT TYPE	VALUE	JOINT?	BENEFICIARY

ESTATE DEBTS	
KNOWN?	
CREDIT CARDS	MEDICAL BILLS
AUTOMOBILE REPOSSESSION	
STUDENT LOANS	
IRS	
LAWSUITS/JUDGMENTS:	

BENEFICIARIES			
NAME	ADDRESS	RELATIONSHIP	DATE OF BIRTH

RECOMMENDATION/PRICE				
RECOMMENDED	FORMAL	SUMMARY	FAMILY	FEE QUOTE
CREDITOR NOTICE: YES	NO	ORIGINAL WILL:		
ADDITIONAL NOTES:				