

THE LAW OFFICES OF PAUL T. FANNING, P.C.

Tyler, Texas

(903) 597-7878

PROBATE BASIC INFORMATION

Please complete this questionnaire with as much information as you have or can easily obtain. If you will spend the time to complete as many items as you can, you will save money on attorneys' fees and give us some of the basic background information we will need to be of assistance to you. All information will be held in strict confidence subject to the Texas Rules of Professional Discipline.

Client:

Full Name: _____

Residence Address: _____

City: _____ County: _____ Zip: _____

Birth Date: _____ Place where born: _____

Home Phone: _____ Office Phone: _____

Fax: _____ Mobile: _____

Alternate Phone: _____ Alternate Phone: _____

E-Mail: _____ Secure? _____

Do You Check Daily? _____ Okay to communicate with you online? __

Social Security No. _____ Driver's License No. _____

Employer: _____

(Name)

(Address)

Position or Job Title: _____

Decedent:

Full Name: _____

Permanent Residence Address At Death: _____

City: _____ County: _____ Zip: _____

Birth Date: _____ Place where born: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Address)

Position or Job Title: _____

Gross Pay: \$ _____ Pay Period: _____

Length of Employment: _____ Education: _____

Date of Death: _____ Age at Death: __ years _____

Place of Death: _____
(City) (County) (State)

Cause of Death: _____ Name and address of hospital or place where
death pronounced: _____

Decedent's Surviving Spouse (If Any):

Name of Surviving Spouse: _____

Date of Marriage to Surviving Spouse: _____

If different from Client (If not, skip to Decedent's Surviving Children):

Residence Address: _____

City: _____ County: _____ Zip: _____

Birth Date: _____ Place where born: _____

Home Phone: _____ Office Phone: _____

Fax: _____ Mobile: _____

Alternate Phone: _____ Alternate Phone: _____

Social Security No. _____ Driver's License No. _____

Employer: _____
(Name) (Address)

Position or Job Title: _____

Decedent's Surviving Children (If Any):

Name(s), Birth Dates, and Addresses of each of Decedent's Surviving Children:

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	____/____/____	_____ (Street)
		_____ (City) (State) (Zip)
_____	____/____/____	_____ (Street)

(City) (State) (Zip)

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	//	_____
		(Street)

		(City) (State) (Zip)
_____	//	_____
		(Street)

		(City) (State) (Zip)
_____	//	_____
		(Street)

		(City) (State) (Zip)

Other Family History Of Decedent:

If Decedent ever divorced, Name of former spouse, Date and Place of divorce:

_____	//	_____
(Name)	(Date)	(Place)
_____	//	_____
(Name)	(Date)	(Place)
_____	//	_____
(Name)	(Date)	(Place)

If Decedent was a parent of any child who is now deceased, please state with respect to each such child:

<u>Name</u>	<u>Date of Birth</u>	<u>Date of Death</u>
_____	_____	_____
_____	_____	_____

Decedent's Will (If Any):

Date of Decedent's Last Will and Testament: _____

County and State where Will was executed: _____

Location of Last Will and Testament: _____

Name(s) and date(s) of birth of Decedent's surviving children born or adopted *after* date of Decedent's Will, if any: _____

Names, Addresses and Phone Numbers of each person who witnessed the Will:

_____ (Name) _____ (Name) _____ (Name)

_____ (Address) _____ (Address) _____ (Address)

_____ (City) (State) (Zip) _____ (City) (State) (Zip) _____ (City) (State) (Zip)

_____ (A/C) (Phone) _____ (A/C) (Phone) _____ (A/C) (Phone)

Understandings: Do you understand this Firm has not and will not estimate your total fee for legal services? Answer:

Do you understand that no attorney can ethically represent or warrant any particular result in any case? Answer: _____

Do you understand this Firm has not and will not estimate the total amount of time that will be required to handle your case? _____

Do you understand your obligation to be totally honest and candid with this Firm and that your failure to be that way would be wrong and could impede or prevent us in effectively representing you and could adversely affect you in virtually every aspect of this matter? _____

Referrals: How did you select this Firm? _____

May we write a thank you letter disclosing your identity? _____

Acknowledgment And Statement:

I have completed this questionnaire **before** communicating with any attorney of The Law Offices Of Paul T. Fanning, P.C. ("the Firm"). I understand if I hire the Firm to represent me, its attorneys and staff will be relying upon the information I have submitted on this form and other information I give the Firm from time to time. I understand I have an obligation to be completely truthful and honest in all my communications with my attorneys. I understand there will be an initial consultation fee of \$250.00 per hour regardless of whether I decide to take any legal action or whether I choose to hire the Firm to represent me.

Your Signature