



CLIENT INFORMATION FORM

ESTATE INTAKE

Today's Date		
Estate of:		
Your relationship to the decedent:		
Your Information:		
Name		
Date of Birth		
Address		
City, State, Zip Code		
Phone#: (Home)	_ (Cell)	
E-Mail:		
How did you find out about us?		
Name, address, and phone number of Com	pany you work for:	
Confidential information will be sent to t	he email address and your home address	
Decedents Information:		
Name of spouse and birthdate		
·		
List all heirs/ next of kin, relationship to dec	eased and addresses (per the Code of	
Alabama this should include all parents, siblings, children, spouse/former spouse if		
annlicable):		



HAND LAW FIRM

ATTORNEY AT LAW



Did the Deceased have a will? If so, who is listed as executor/executrix?
Name of the person or persons you would like to be Executor/Administrator of Estate:
(usually next of kin, must reside in Alabama and be of sufficient age and mental ability)
Real Estate Owned and Address
Personal Property Owned /Other Assets/ Bank Accounts/ Automobiles, Etc.



HAND LAW FIRM

ATTORNEY AT LAW



Any additional informa	tion you feel we should know? (Such as do you believe the
vill/estate will be simpl	le or are there any issues you see?
	(For office use only)
Flat Fee Rate:	
SOL:	

