

New Client Information Sheet
ESTATE INFORMATION

Name: _____

Address: _____

Phone:

Home: _____

Business: _____

Cell: _____

Fax: _____

E-Mail Address: _____

Decedent's full name: _____

Decedent's last address: _____

Date of Death: _____

Social Security #: _____

Did Decedent have a will? Yes___ No___

If yes: Name of Testator/Testatrix: _____

Letters Testamentary received from Surrogate? Yes___ No___

If no: Have Letters of Administration been received from
Surrogate? Yes___ No___

Please provide a copy of the death certificate and will to our office. Thank you.