

Nexus Legal Solutions
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PROBATE INTAKE FORM

Client Information

Name: _____

Address: _____

Home Phone: _____

Birth Date: _____

Relationship to Decedent: _____

Decedent Information

Name: _____

Residence: _____

Date of Death: _____ Place of Death: _____ Age: _____

Cause of death: _____

Did decedent sign a Will? _____ If yes, please bring original. **DO NOT REMOVE STAPLES!**

Address of Real Property/Properties Owned by Decedent: _____

Financial Accounts Owned by Decedent and Values (List any joint tenants or beneficiaries):

Life insurance policies, values and beneficiaries:

Name of Funeral Home: _____

Funeral Cost: _____ Paid by whom? _____

Decedent Family Information (Name and Address for each. If deceased, list date of death.)

Mother: _____

Father: _____

Spouse: _____

Children (Indicate son/daughter – If a son or daughter is deceased, list his or her children):

Siblings (Indicate brother/sister – If a brother or sister is deceased, list his or her children):

Please check if any of the following apply:

- Decedent owns rental or other income-producing property
- Decedent has known creditors
- Decedent received private care by family or other non-paid worker prior to death
- Decedent has minor or disabled children
- Client believes that controversy may arise among family members or other family has already hired attorney
- Decedent had signed trust of any kind
- Money may have been withdrawn without decedent's consent prior to death
- Client or other person served as agent under power of attorney
- Client or other person served as guardian
- Estate proceedings have been filed in another state or county