

CLIENT INFORMATION SHEET

PROBATE INTAKE SHEET

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SECTION 1: PERSONAL DATA :

_____	_____	_____
Name	Date of Birth	Social Security Number
_____	_____	_____
Email Address	Place of Birth	US Citizen 'Yes' or 'No'
_____	_____	_____
Home Phone Number	Cell Phone Number	Home Fax Number
_____	_____	_____
Home Address	City / State / Zip Code (Home)	

SECTION 2: DECEDENT'S PERSONAL DATA

_____	_____	_____
Name	Date of Birth	Social Security Number
_____	Any prior name?	
_____	_____	_____
Date of Death		
_____	_____	
Home Address	City / State / Zip Code (Home)	

SECTION 3: FAMILY INFORMATION

Was Decedent survived by spouse:	_____
	YES or NO
If no spouse, Divorced or never married:	_____
	YES or NO
OR	
Is Spouse Deceased	_____
	YES or NO
Children:	_____
	YES or NO
Any Children of Predeceased Children:	_____
	YES or NO
Any Living Parents:	_____
	YES or NO
Siblings:	_____
	YES or NO

CHARACTER AND ESTIMATED VALUE OF PROPERTY OF ESTATE

Personal Property \$ _____

Annual Gross Income from: \$ _____

(a) Real property: \$ _____

(b) Personal Property: \$ _____

Real Property:

Gross fair market value of property: \$ _____

(Less) Encumbrances: \$ _____

Net Value of property: \$ _____

Total Value: \$ _____