



**NOTE: THIS INFORMATION IS LEGALLY PRIVILEGED**

## PROBATE INFORMATION FORM

### *Personal and Confidential*

Please complete the form below to the best of your ability. Our firm relies upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

(PLEASE PRINT)

#### CLIENTS INFORMATION:

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home No.: (\_\_\_\_) \_\_\_\_\_ Work No.: (\_\_\_\_) \_\_\_\_\_ Mobile/Pager or  
(Circle the best # to reach you) Other No: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

MAY WE MAIL DOCUMENTS TO THE ADDRESS LISTED ABOVE? YES or NO. If no please inform Attorney.

DALE A. BURROWS\*

2900 Village Parkway, Suite 330 Highland Village, TX 75077

\*Board Certified - Family Law Texas Board of Legal Specialization

ADAM BURROWS

T (972) 304-6000 F (972) 317-6220 BurrowsAtLaw.com

Burrows Law Group is a DBA of Law Office of Dale A. Burrows, P.C

**DECEDENTS INFORMATION:**

Alias Names (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Was Decedent a U.S. citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Location of Will, if any: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Location of Codicils, if any: \_\_\_\_\_

Date of Codicils: \_\_\_\_\_ (If any)

**PERSONAL REPRESENTATIVE (Ex., EXECUTOR/EXECUTRIX):**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home No.: (\_\_\_\_) \_\_\_\_\_ Work No.: (\_\_\_\_) \_\_\_\_\_ Mobile/Pager or Other No.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**ALTERNATE REPRESENTATIVE (Ex., EXECUTOR/EXECUTRIX):**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home No.: (\_\_\_\_) \_\_\_\_\_ Work No.: (\_\_\_\_) \_\_\_\_\_ Mobile/Pager or Other No.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**DECEDENT'S FAMILY:**

**SPOUSE**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Date and Place of Marriage: \_\_\_\_\_

<b>Name of former spouses (if any)</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

**CHILD**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

**CHILD**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

**CHILD**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**CHILD**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**PROBABLE APPROXIMATE VALUE OF ESTATE:** \_\_\_\_\_

**Attorney's Notes:** \_\_\_\_\_

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

### HOW DID YOU FIND US?

Our goal is to maintain a competitive business whereby our advertising dollars are spent judiciously. We appreciate your taking a few moments to complete this form that we may know how you came to seek our services. Thank you.

#### I. Personal Referrals: Write in name of person who referred you:

1. Family – Name \_\_\_\_\_
2. Friend – Name \_\_\_\_\_
3. Attorney – Name \_\_\_\_\_
4. CPA or Financial Consultant - Name \_\_\_\_\_
5. Other Professional – Name \_\_\_\_\_

#### II. Indicate the number that applies:

1. Drive By: \_\_\_\_\_

2. Internet:

- \_\_\_\_\_ [www.burrowsatlaw.com](http://www.burrowsatlaw.com)
- \_\_\_\_\_ lawyer.com
- \_\_\_\_\_ Google
- \_\_\_\_\_ Email Marketing
- \_\_\_\_\_ Facebook
- \_\_\_\_\_ Live Chat
- \_\_\_\_\_ Other (Please state): \_\_\_\_\_

3. Print Ads:

- \_\_\_\_\_ Lewisville Leader
- \_\_\_\_\_ Denton Record Chronicle
- \_\_\_\_\_ Flower Mound Living
- \_\_\_\_\_ Postcard Direct Mail
- \_\_\_\_\_ Lantana Living Magazine
- \_\_\_\_\_ Cross Timbers Gazette