



***Providing Peace of Mind by Solving Problems with Integrity & Compassion***

May we first offer our sincere condolences on your loss and thank you for the trust you have placed in **JUPITER LAW CENTER** by contacting us to discuss/review your *Probate* and/or *Trust Administration* needs. Please complete the attached *Confidential Client Information Form* on behalf of the *Decedent* (the person who died) as accurately and thoroughly as possible as to all of the potential assets/liabilities of the Estate and all of the beneficiaries and their contact information. The information you provide will assist us in properly assessing your specific needs/wants so that we can have a productive first meeting and chart out a course of action. **We do not sell or disclose the information that you provide to us.**

During our first meeting or call, we will explain to you in simple and easy-to-understand language, *not Legalese*, what needs to be done to properly and efficiently navigate the *Probate* and/or *Trust Administration* process, and we will answer any questions you have about *Creditors' Claims*, *Tax Returns*, when funds can be distributed and the timing of everything (including when we can close the Estate).

When we get close to closing the Estate, we will also suggest that you speak to us about doing your own *Estate Planning* (if you are a resident of Florida) so that your own nest egg can go to your loved ones without them having to open a *Probate* case to obtain it.

What is unique about our firm is that clients usually expect their experience with a law firm to be stressful, antiseptic and unpleasant, but we often surprise them with the warmth and accessibility of our team and services - and even humor. At **JUPITER LAW CENTER**, we take great pride in building longstanding relationships with each of our clients. Ultimately, we hope to serve you and your family and become your lawyer for life.

Sincerely,

The Attorneys and Staff at  
JUPITER LAW CENTER

*RiverPlace Professional Center  
1003 W. Indiantown Road • Suite 210  
Jupiter, Florida 33458-6851  
(561) 744 - 4600  
jupiterlawcenter.com*



**CONFIDENTIAL CLIENT INFORMATION FORM – PROBATE/TRUST ADMINISTRATION**

DATE \_\_\_\_\_ WHO MAY WE THANK FOR REFERRING YOU? \_\_\_\_\_

**CLIENT'S/PERSONAL REPRESENTATIVE'S/TRUSTEE'S INFORMATION**

FULL LEGAL NAME \_\_\_\_\_ a/k/a \_\_\_\_\_

FIRST M.I. LAST

ADDRESS \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE # Home( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

How long have you known *Decedent*? \_\_\_\_\_ What is your relationship to *Decedent*? \_\_\_\_\_

Have you ever been convicted of a felony or for elder abuse?  Yes  No

**DECEDENT'S INFORMATION**

FULL LEGAL NAME \_\_\_\_\_ a/k/a \_\_\_\_\_

FIRST M.I. LAST

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LAST KNOWN ADDRESS \_\_\_\_\_

STREET ADDRESS CITY STATE ZIP

COUNTY \_\_\_\_\_

U.S. Citizen?  Yes  No

MARITAL STATUS  Single  Divorced  Married  Widowed

DID *DECEDENT* HAVE A PRENUPTIAL/POSTNUPTIAL AGREEMENT WITH SPOUSE?  Yes  No

DID *DECEDENT* HAVE A WILL OR TRUST? Will:  Yes  No Trust:  Yes  No

DID *DECEDENT* HAVE WILL CODICILS AND/OR TRUST AMENDMENTS? Will:  Yes  No Trust:  Yes  No

**DECEDENT'S SPOUSE'S INFORMATION**

(if information is not the same as Client/Personal Representative above)

SPOUSE  PARTNER

FULL LEGAL NAME \_\_\_\_\_ a/k/a \_\_\_\_\_

FIRST M. LAST

TELEPHONE # Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

U.S. CITIZEN?  Yes  No

OTHER INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECEDENT'S CHILDREN**  
(including deceased children)

<u>FULL LEGAL NAME &amp; ADDRESS</u>	<u>OTHER PARENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>DATE OF DEATH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SURVIVING SPOUSE'S CHILDREN**  
(if applicable AND even if listed above (including deceased children))

<u>FULL LEGAL NAME &amp; ADDRESS</u>	<u>OTHER PARENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>DATE OF DEATH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DECEDENT'S FINANCIAL INFORMATION**

**PLEASE FILL IN A DOLLAR VALUE FOR EACH OF THE BELOW ASSETS**

**THE TOTAL ESTIMATED VALUE OF ALL ASSETS LISTED BELOW IS  MORE  LESS THAN \$12.92 MILLION:**

\$ \_\_\_\_\_ **PRINCIPAL RESIDENCE** (Mortgage Balance = \$ \_\_\_\_\_) **HOW TITLED?** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **REAL ESTATE # 2** (Mortgage Balance = \$ \_\_\_\_\_) **HOW TITLED?** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **REAL ESTATE # 3** (Mortgage Balance = \$ \_\_\_\_\_) **HOW TITLED?** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **REAL ESTATE # 4** (Mortgage Balance = \$ \_\_\_\_\_) **HOW TITLED?** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **LAND (VACANT LOT/TIMESHARE)** (Mortgage Balance = \$ \_\_\_\_\_) **HOW TITLED?** \_\_\_\_\_  
ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **BUSINESS/PARTNERSHIP # 1** **HOW TITLED?** \_\_\_\_\_  
FULL NAME/ADDRESS \_\_\_\_\_

\$ \_\_\_\_\_ **BUSINESS/PARTNERSHIP # 2** **HOW TITLED?** \_\_\_\_\_  
FULL NAME/ADDRESS \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ ANNUITIES IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ CERTIFICATE OF DEPOSIT(S) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ MONEY MARKET(S) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ CHECKING ACCOUNT(S) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ SAVING ACCOUNT(S) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ IRA(S) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ 401k/403b IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ SECURITIES (STOCKS/BONDS) IS THERE A BENEFICIARY DESIGNATION FORM?  Yes  No

\$ \_\_\_\_\_ PROMISSORY NOTE(S)  owed by *Decedent*  payable to *Decedent* re: \_\_\_\_\_

\$ \_\_\_\_\_ LIFE INSURANCE  WHOLE  TERM (How long?) \_\_\_\_\_

\$ \_\_\_\_\_ AUTOMOBILES(S)/MOTORCYCLE(S)/  
OTHER MOTORIZED VEHICLES (*How many?* \_\_\_\_)

Year/Make/Model \_\_\_\_\_ HOW TITLED? \_\_\_\_\_

Year/Make/Model \_\_\_\_\_ HOW TITLED? \_\_\_\_\_

Year/Make/Model \_\_\_\_\_ HOW TITLED? \_\_\_\_\_

\$ \_\_\_\_\_ BOAT(S) (*How many?* \_\_\_\_ ) Year/Make/Model \_\_\_\_\_ HOW TITLED? \_\_\_\_\_

\$ \_\_\_\_\_ COLLECTIONS \_\_\_\_\_

\$ \_\_\_\_\_ JEWELRY \_\_\_\_\_

\$ \_\_\_\_\_ OTHER (*Please describe*) \_\_\_\_\_

**DECEDENT'S DEBTS**

It is important to identify possible Estate creditors at an early stage. Please list all known or suspected creditors below.

<b><u>CREDIT CARDS</u></b>	<b><u>AMOUNT OWED</u></b>
<i>(List name/address of company)</i>	

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<b><u>MEDICAL BILLS</u></b>	<b><u>AMOUNT OWED</u></b>
<i>(list name/address of physicians, hospitals and/or other medical providers)</i>	

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**ADDITIONAL CREDITORS**

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**QUESTIONS**

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