SMITH & WILLIAMS

PROBATE & ESTATE CONSULTATION FORM

We are sorry for your loss. This form helps us understand the person who passed away, their family, and what they owned, so we can explain your options and the next steps at your consultation. You do not need to have every answer. Fill in what you know.

How to complete this form

- Type directly into this form, or print it and write by hand. Some PDF viewers do not keep typed entries. After saving, close and reopen the file to make sure your answers were saved.
- Answer what you can. If a question does not apply or you are unsure, leave it blank or write a note. We will go over everything at your consultation.
- The only Social Security number we need is the one for the person who passed away (Section 2). **Do not** include your own, or any bank or account numbers or passwords.
- Because this form includes a Social Security number, please return it through your secure MyCase client portal or in person at our office. Gather the documents listed near the end of this form and bring copies to your consultation.

Which sections apply to you?

IF THIS DESCRIBES YOU	COMPLETE
Everyone	**Sections 1 to 8 and 11 to 14**
A will, trust, or other estate planning document exists	**Also complete Section 3**
There is a disagreement in the family, a possible will contest, or a concern that property was taken	**Also complete Section 9**
A probate case has already been opened in any state	**Also complete Section 10**

> **Original will:** If you have the original will, Florida law requires that it be deposited with the clerk of court in the county where the person lived within 10 days after you learn of the death. Do not unstaple or mark it. We can help you deposit it.

> **Your privacy:** Your answers are confidential. Florida law protects information you share with us as a prospective client, even if you decide not to hire us.

FOR OFFICE USE ONLY

DATE RECEIVED	ATTORNEY	CONFLICT CHECK (DATE/INITIALS)	CONSULT DATE

SECTION 1 ABOUT YOU

Tell us about yourself and your connection to the person who passed away.

FULL LEGAL NAME

OTHER NAMES USED (MAIDEN, FORMER, NICKNAME)

DATE OF BIRTH

PREFERRED LANGUAGE

OCCUPATION

HOME STREET ADDRESS

CITY

COUNTY

STATE

ZIP

MOBILE PHONE

OTHER PHONE

PERSONAL EMAIL

Best way to reach you (check all that apply) ☐ Call ☐ Text ☐ Email

May we leave a detailed message at the numbers above? ◯ Yes ◯ No

Will you need an interpreter or other accommodations for meetings? (for example, large-print documents or a virtual meeting) ◯ Yes ◯ No

If yes, please describe (include the language if you need an interpreter).

HOW DID YOU HEAR ABOUT US? (REFERRAL SOURCE)

Have you spoken with or hired another attorney about this matter? ◯ Yes ◯ No

If yes, who, and is that attorney still involved?

YOUR RELATIONSHIP TO THE PERSON WHO DIED

Are you named in the will as personal representative? ◯ Yes ◯ No ◯ No will ◯ Not sure

Would you like to serve as personal representative (executor) of the estate? ◯ Yes ◯ No ◯ Not sure

Do you live in Florida? ◯ Yes ◯ No

Have you ever been convicted of a felony? ◯ Yes ◯ No

Who can serve: Florida law generally disqualifies anyone convicted of a felony from serving as personal representative. A person who lives outside Florida may serve only if they are a close relative of the person who died (such as a spouse, child, parent, sibling, niece, nephew, aunt, or uncle). We will review this with you.

SECTION 2 THE PERSON WHO PASSED AWAY

FULL LEGAL NAME

OTHER NAMES USED

DATE OF BIRTH

DATE OF DEATH

SOCIAL SECURITY NUMBER (XXX-XX-XXXX)

CITY AND STATE OF DEATH

LAST HOME ADDRESS

CITY | COUNTY | STATE | ZIP

Did they live in Florida full time at the time of death? ◯ Yes ◯ No ◯ Not sure

Did they live in, or own property in, another state or country? ◯ Yes ◯ No

If yes, where?

Marital status at death

◯ Married ◯ Widowed ◯ Divorced
◯ Never married ◯ Separated or divorce pending

Were they a U.S. military veteran? ◯ Yes ◯ No ◯ Not sure

Have you received certified copies of the death certificate? ◯ Yes ◯ No ◯ Ordered

Did they receive Medicaid benefits at age 55 or older (including nursing home or home care)? ◯ Yes ◯ No ◯ Not sure

Florida's Medicaid program may have a claim against the estate for benefits paid. We will check for this.

SECTION 3 WILL, TRUST & OTHER DOCUMENTS

Did they have a will? ◯ Yes ◯ No ◯ Not sure

Where is the original will?

◯ I have it ◯ Another family member has it ◯ An attorney has it
◯ Safe deposit box ◯ Already filed with the clerk ◯ Only a copy can be found
◯ Unknown

DATE OF THE WILL | ATTORNEY WHO PREPARED IT | ANY LATER CHANGES (CODICILS)?

PERSONAL REPRESENTATIVE NAMED IN THE WILL | BACKUP PERSONAL REPRESENTATIVE NAMED

Was the will signed in front of two witnesses and a notary? ◯ Yes ◯ No ◯ Not sure

Did they have a revocable living trust or any other trust? ◯ Yes ◯ No

If yes, name of trust, date, and current trustee.

Did they sign any of these? (check all that apply)

☐ Lady Bird deed or life estate deed ☐ Deed adding someone to the title
☐ Power of attorney ☐ Prenuptial or postnuptial agreement
☐ Beneficiary designations on accounts ☐ Not sure

Do you know of any other will, a more recent will, or a will that was torn up or changed by hand? ◯ Yes ◯ No

If yes, please explain.

SECTION 4 FAMILY & HEIRS

Florida law and the court require us to identify every person who may inherit, even if they receive nothing under the will. Please list everyone below, including family members who have passed away.

Spouse

SPOUSE'S FULL NAME	DATE OF MARRIAGE	SPOUSE LIVING? (Y/N)	PHONE OR EMAIL

Did the person who died, or their spouse, have children from another relationship, or was this a second (or later) marriage for either of them? ◯ Yes ◯ No

Was there a prenuptial or postnuptial agreement, or a divorce pending at the time of death? ◯ Yes ◯ No

If yes, please describe.

Children (including adopted children, children born outside marriage, and children who have passed away)

Full name	Relationship to the person who died	Date of birth (if under 18)	Living? (Y/N, or date of death)	City & state	Phone or email

Did any child who passed away leave children of their own (grandchildren of the person who died)? ◯ Yes ◯ No

If yes, list the grandchildren's names and which child they belong to.

Are there stepchildren, or children the person raised but did not adopt? ◯ Yes ◯ No

If yes, please list them.

Parents and brothers and sisters (complete if there is no surviving spouse or child)

Full name	Relationship to the person who died	Date of birth (if under 18)	Living? (Y/N, or date of death)	City & state	Phone or email

Is any heir or beneficiary under 18, incapacitated, receiving disability benefits, or unable to be located? ◯ Yes ◯ No

If yes, who, and what is the situation?

SECTION 5 WHAT THEY OWNED

Approximate values are fine. Do not include account numbers. How each asset was titled, and who was named as beneficiary, decides whether it goes through probate.

A. Real estate

Property address and county	Titled in the name of (as shown on the deed)	Their home (homestead)? (Y/N)	Est. value	Mortgage balance

Homestead: A Florida homestead often passes outside the regular probate process and is usually protected from most creditors, but who receives it depends on whether there is a surviving spouse or minor child. A deed that names someone else, such as a Lady Bird deed, may also change who receives the home.

Who is living in or caring for the home now?

◯ Vacant ◯ A family member ◯ A tenant
◯ Surviving spouse ◯ Other

Is the property insured, and are the mortgage, taxes, and HOA dues being paid? ◯ Yes ◯ No ◯ Some ◯ Not sure

B. Bank and investment accounts

Bank or institution	Type of account	Owner(s) on the account	Approx. value	Payable-on-death beneficiary

C. Life insurance, retirement accounts, and annuities

Company	Type	Approx. value	Named beneficiary (or "estate" or "none")	Claim filed? (Y/N)

D. Other property

	Description	Approx. value
Vehicles, boats, and RVs		
Business interests		
Stocks, bonds, or crypto held directly		
Jewelry, art, collectibles, and firearms		
Money owed to them		
Refunds, final paycheck, or unclaimed property		
Lawsuits or claims (including wrongful death)		
Inheritance they were due from someone else		
Other		

Approximate total value of everything they owned (before debts):

- ◯ Under $75,000
- ◯ $75,000 to $250,000
- ◯ $250,000 to $1 million
- ◯ $1 million to $5 million
- ◯ Over $5 million
- ◯ Not sure

SECTION 6 DEBTS, BILLS & FUNERAL EXPENSES

	Creditor or company	Approx. balance	Being paid? (Y/N)
Mortgage(s)			
Home equity line			
Car loan			
Credit cards			
Medical, hospital, or nursing home bills			
Personal loans			
Taxes owed (income or property)			
Judgments or lawsuits			
Other			

FUNERAL HOME

TOTAL FUNERAL COST

WHO PAID IT?

Should the person who paid the funeral bill be reimbursed from the estate? ◯ Yes ◯ No ◯ Not sure

> **Creditors:** In most Florida estates, creditors have three months after a notice to creditors is first published to file a claim. Most claims are barred two years after the date of death, whether or not a probate case is opened. Do not pay the person's debts from your own money before speaking with us.

Did the estate need to file, or will it need to file, a final income tax return or a federal estate tax return? ◯ Yes ◯ No ◯ Not sure

SECTION 7 SINCE THE DEATH

Has anyone used the person's bank accounts, cards, or checks since the death? ◯ Yes ◯ No

If yes, who, and for what?

Has anyone taken, sold, or moved property, vehicles, or valuables? ◯ Yes ◯ No

If yes, please describe.

Is anyone collecting rent or income from the person's property? ◯ Yes ◯ No

If yes, who?

Are there urgent problems? (for example, a vacant house, a foreclosure, an eviction, unpaid insurance, or a bank or title company asking for court papers) ◯ Yes ◯ No

If yes, please describe and include any dates.

Has anyone already contacted the bank, insurance companies, or Social Security? ◯ Yes ◯ No

If yes, who?

SECTION 8 WHAT YOU HOPE TO ACCOMPLISH

Check all that apply:

- ☐ Be appointed personal representative
- ☐ Sell the house or other real estate
- ☐ Pay debts and close the estate
- ☐ Find out if probate is even needed
- ☐ Settle a trust
- ☐ Respond to a claim against the estate
- ☐ Other
- ☐ Transfer the house to the heirs
- ☐ Close bank accounts and collect money
- ☐ Collect life insurance or retirement benefits
- ☐ Clear up title to property
- ☐ Contest a will or deed
- ☐ Get reimbursed for expenses I paid

TELL US MORE ABOUT YOUR GOALS AND ANY TIMING CONCERNS

Good to know: Depending on the size of the estate and how much time has passed, a Florida estate may qualify for a simpler process (summary administration) or may not need probate at all. We will explain the options that fit your situation at your consultation.

SECTION 9 DISAGREEMENTS & CONCERNS

Check any that apply:

- ☐ Family members disagree about the will or who inherits
- ☐ A will, deed, or account was changed shortly before death
- ☐ Property or money is missing
- ☐ A person claims to be an heir or a child
- ☐ Other
- ☐ Concern the person was pressured or not thinking clearly
- ☐ Someone used a power of attorney improperly
- ☐ Someone refuses to share information or documents
- ☐ Someone is living in the home and refuses to leave

PLEASE DESCRIBE THE DISAGREEMENT OR CONCERN, INCLUDING WHO IS INVOLVED AND IMPORTANT DATES

Time-sensitive: Some estate challenges have short deadlines. A will contest generally must be filed within three months after the notice of administration is served. A surviving spouse who wants the elective share must generally act within six months of that notice. Please contact us right away if you have received court papers.

SECTION 10 EXISTING COURT CASE

Has a probate or trust case already been opened? ○ Yes ○ No ○ Not sure

COURT AND COUNTY (OR STATE) | CASE NUMBER | JUDGE

WHO FILED IT? | THEIR ATTORNEY | DATE FILED

Have you received any court papers, notices, or a notice to creditors? ○ Yes ○ No

If yes, what did you receive and on what date?

Are there any upcoming hearings or deadlines? ○ Yes ○ No

If yes, list the dates.

SECTION 11 OTHER PEOPLE INVOLVED

We check every name for conflicts of interest. In addition to the family members listed in Section 4, list anyone else involved, such as other beneficiaries, caregivers, business partners, creditors, or attorneys.

Full name of person or business	Role (opposing party, co-owner, family, etc.)	City & state	Their attorney (if known)

SECTION 12 DOCUMENTS TO GATHER

Please gather copies of the following, if you have them (check what you have):

- ☐ Certified death certificate
- ☐ Trust documents
- ☐ Recent property tax bills
- ☐ Life insurance policies and beneficiary forms
- ☐ Vehicle titles
- ☐ Recent bills and creditor letters
- ☐ Power of attorney
- ☐ Prenuptial agreement
- ☐ Original will and any codicils
- ☐ Deeds to real estate
- ☐ Bank and investment statements
- ☐ Retirement account statements
- ☐ Funeral bill and receipts
- ☐ Last two years of tax returns
- ☐ Court papers or notices
- ☐ Divorce judgment (if any)

Documents: Keep your originals. Bring copies to your consultation or upload them through your client portal. Please do not throw away, delete, or alter any papers, texts, emails, or social media posts about this matter.

SECTION 13 FEES & NEXT STEPS

Which fee arrangement would you like to discuss? (check all that apply)

☐ Flat fee ☐ Hourly ☐ Fee paid from the estate ☐ Not sure

Who else should be included in the consultation? ◯ Just me ◯ Others (list below)

NAMES OF OTHERS ATTENDING

SECTION 14 ADDITIONAL INFORMATION & SIGNATURE

ANYTHING ELSE WE SHOULD KNOW, INCLUDING QUESTIONS FOR YOUR ATTORNEY

Acknowledgment

By signing below, I confirm that: (1) the information in this form is true and complete to the best of my knowledge; (2) submitting this form or meeting for a consultation does not create an attorney-client relationship, and Smith & Williams, PLLC will represent me only after we both sign a written engagement agreement; (3) until then, the firm is not responsible for any deadline in my matter, and I understand that important legal deadlines may apply; and (4) the firm may rely on this information in evaluating my request. I understand that the information I share will be kept confidential as required by the Rules Regulating The Florida Bar, even if the firm does not represent me.

Prospective client

SIGNATURE | PRINTED NAME | DATE