



Dear Prospective client,

Thank you for contacting the Law Office of Nakeshia Walls. We understand that dealing with the death of a loved one is never easy; however, we are here to assist you and make the process as stress free as possible. Attached to this letter, you will find a Prospective Client Intake Form. You will need to complete the Prospective Client Intake Form in its entirety.

By completing the attached intake form, you make it possible for me to advise you and draft your probate documents. The intake form contains almost all of the information that we will need to complete your case. Though it may be a lot of work up front, we ask that you make every effort to answer every question asked as it will make the rest of your case easier. If you do not know the answer, then please indicate that on the form.

We ask that you either email the completed documents to us at n.walls@YourPerfectLawyer.com or bring them with you to your initial meeting at our office. You may also mail it to us at the address below. Please understand that completing the attached intake form does not establish an attorney-client relationship. The Law Office of Nakeshia Walls will require a signed fee agreement prior to accepting you as a client. We look forward to assisting you with your legal needs.

Sincerely,

Nakeshia Walls

Nakeshia Walls, Esq.

Law Office of Nakeshia Walls
1320 Peabody Avenue; Memphis, Tennessee 38104
Phone: (901) 315-0559; *Fax:* (901) 278-0255; *Email:* n.walls@YourPerfectLawyer.com
www.YourPerfectLawyer.com



LAW OFFICE OF

Nakeshia Walls

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LEGAL SERVICES

Prospective Client Intake Form for Probate

Please fill out this form completely and truthfully. It is important that you answer each question fully and accurately because your attorney will use this information to advise you and prepare your case and paperwork. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by writing "N/A". After you have completed the questionnaire, please bring the completed form with you to your intake meeting or email the completed form to us at n.walls@YourPerfectLawyer.com.

Notice of Confidentiality

The information in this document is subject to the attorney-client privilege. The contents of this document constitute attorney work product. The contents of this document are confidential and are not to be disclosed to third persons other than those to whom disclosure is made in furtherance of the rendition of professional legal services.

Notice of Waiver of Conflict

You hereby agree that should you not retain our firm, no attorney client relationship has been/ will be established by filling out this client intake form and/or meeting with a member of The Law Office of Nakeshia Walls to conduct a consultation of the facts of your case. Without this relationship, The Law Office of Nakeshia Walls is not conflicted from representing another person in the same legal matter or some other legal matter which may be adverse to your interests.

I have read the above notices and my agreement to the notices is evidenced by my signature below:

Agreed to and signed by:

Printed Name of Prospective Client: _____

Signature of Prospective Client: _____

Date: _____

Prospective Client Intake Form for Probate with Will

Section I. Information about the Applicant

1. Your full legal name: _____
First Middle Last
2. Your name as in the Will: _____
First Middle Last
3. Your residence address: _____
Street

City, State & Zip Code

Best Phone Number
4. Your E-Mail Address: _____
E-Mail Address
5. Your relationship to Decedent: _____
Relationship

Section II. Information about the Decedent

6. Decedent's name as in the Will: _____
First Middle Last
7. Name variations on accounts: _____
8. Decedent's date of birth: _____
9. Decedent's date of death: _____ Age: _____
10. Location of Decedent's death: _____
City, State County
11. Decedent's residence at death: _____
Street County

City, State & Zip Code
12. List **ALL** of Decedent's marriages:

Current Spouse's Full Name	Date of Marriage
Prior Spouse's Full Name	Date of Marriage
Prior Spouse's Full Name	Date of Marriage

-

Date of Divorce ☐ / Death ☐

-

Date of Divorce ☐ / Death ☐

Section III. Information Regarding the Decedent's Will

13. What is the date of the Decedent's Will? _____

14. Is the Will "self-proved"? *See below.* Yes ☐ No ☐

A self-proved will contains notarized language at the end of the Will that is nearly identical to the following:

Before me, the undersigned authority, on this day personally appeared [Decedent's Name], [Witness#1] and [Witness#2], known to me to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said [Decedent's Name], testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament, and that he had willingly made and executed it as his free act and deed; and the said witnesses, each on his oath stated to me, in the presence and hearing of the said testator, that the said testator....

15. Please provide the names to the witnesses to the Will:

Witness #1 First Name	Middle	Last	Witness #2 First Name	Middle	Last Name
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16. Do you have any way of contacting the witnesses to the Will? Yes ☐ No ☐

17. Did the Decedent have or adopt any children after executing the Will? Yes ☐ No ☐

18. Was the Decedent divorced after the date of the Will? Yes ☐ No ☐

19. Does the Decedent's Will name someone to serve as "Independent" Executor or Executrix? Yes ☐ No ☐

20. Does the Decedent's Will say that the "Independent" Executor will serve "without bond"? Yes ☐ No ☐

21. Executors' Names: 1. _____ 2. _____ 3. _____

Residences: _____
Street Street Street

City, State & Zip Code City, State & Zip Code City, State & Zip Code

22. Will any of the Executors be waiving their right to serve? Yes ☐ No ☐

23. Has any named Executor ever been convicted of a felony? Yes ☐ No ☐

24. Are all named Executors Tennessee residents? Yes ☐ No ☐

25. Does the Decedent's Will name the State of Tennessee, a governmental agency of the State of Tennessee, or a charitable organization as a devisee? Yes ☐ No ☐

Section IV. Information Regarding Decedent's Heirs

26. The Tennessee law requires personal representatives to give notice to all will beneficiaries. Therefore, please provide the following information for **ALL** persons named as beneficiaries in the Decedent's Last Will and Testament:

a.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>
b.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>
c.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>
d.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>
e.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>
f.	<div><div>_____</div><div>Full Name</div><div>_____</div><div>Street</div><div>_____</div><div>City, State & Zip Code</div></div>	Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<div>_____</div> <div>Date of Death</div>

Continue on back if necessary.

27. Do all of the persons named in the Will and all of the Decedent's immediate family members not named in the Will agree as to the validity of the Decedent's Last Will and Testament and to your serving as the Executor of the Estate? Yes ☐ No ☐

Section V. Information for the Inventory, Appraisement and List of Claims

28. Description of Decedent's Assets (Do not include "JTWROS", "POD" or other assets that transfer automatically upon the death of the Decedent.)

a. _____ Homestead Address _____ City, State & Zip Code _____ Mortgages, Deed of Trust, or Lien holder's Name	\$ _____ Appraisal Tax Valuation _____ Date of Purchase (Month/Year) \$ _____ Amount of Lien	\$ _____ Appraisal District Tax Valuation (See "www.dcad.org") _____ Date of Purchase (Month/Year) Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>
b. _____ Other Real Property Address _____ City, State & Zip Code _____ Mortgages, Deed of Trust, or Lien holder's Name	\$ _____ Appraisal District Tax Valuation (See "www.dcad.org") _____ Date of Purchase (Month/Year) \$ _____ Amount of Lien	\$ _____ Appraisal District Tax Valuation (See "www.dcad.org") _____ Date of Purchase (Month/Year) Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>
c. _____ Automobile Make & Model _____ VIN Number (Required) _____ Lien holder's Name	\$ _____ Estimated "Blue Book" Value (See "www.kbb.com") \$ _____ Amount of Lien	\$ _____ Estimated "Blue Book" Value (See "www.kbb.com") Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>
d. _____ Bank/Investment Company Name X _____ Last Four Digits of Account Number _____ Bank Address _____ City, State & Zip Code	\$ _____ Account Value (<u>as of the Date of Death</u>) Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/> Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>	\$ _____ Account Value (<u>as of the Date of Death</u>) Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/> Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>
e. _____ Bank/Investment Company Name X _____ Last Four Digits of Account Number _____ Bank Address _____ City, State & Zip Code	\$ _____ Account Value (<u>as of the Date of Death</u>) Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/> Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>	\$ _____ Account Value (<u>as of the Date of Death</u>) Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/> Marital Property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>See definition below.</i>

Marital property consists of the property, other than separate property, acquired by either spouse during marriage. A spouse's separate property consists of: 1) the property owned or claimed by the spouse before marriage; 2) the property acquired by the spouse during marriage by gift or inheritance; and 3) the recovery for personal injuries

sustained by the spouse during marriage, except any recovery for loss of earning capacity during marriage. All property that is acquired during the marriage is presumed to be community property unless proven otherwise.

DURAN FIRM, PLLC, 2006-2014

- f. _____ \$ _____
Life Insurance Payable to the Estate

 Policy Number

 Insurance Company Address

 City, State & Zip Code
- Face Value of Policy
 Community Property Yes ☐ No ☐
See definition on previous page.
- g. **Furniture and Furnishings of residence:** \$ _____

 Estimated "Fair Market Value" of Property
 (i.e. the price you would get if sold at an estate sale).
 Community Property Yes ☐ No ☐
See definition on previous page.
- h. **Misc. personal effects, jewelry, clothing, etc.:** \$ _____

 Estimated Fair Market Value of Property
 (i.e. the price you would get if sold at an estate sale).
 Community Property Yes ☐ No ☐
See definition on previous page.

Section VI. Information Regarding Decedent's Debts

29. Description of Decedent's Debts:

- a. _____ \$ _____
Name of person who paid for funeral

 Costs
- b. _____ \$ _____
Healthcare Provider

 Total Expenses NOT Covered by Insurance
- c. _____ \$ _____
Credit Card Company

 Total Unpaid Credit Card Balance
- d. _____ \$ _____
Utility Company Name

 Total Unpaid Balance
- e. _____ \$ _____
Phone Company Name

 Total Unpaid Balance

Please list information regarding all other debts on back

30. Would you be willing to immediately pay all of the Estate's outstanding debts in order to probate the Will as a muniment of title only? Yes ☐ No ☐

A muniment of title proceeding is a simplified probate wherein the court does not appoint an executor because no administration is necessary. The court's Order Admitting Will to Probate gives the Will legal effect and constitutes sufficient legal authority to all persons to pay or transfer estate property to the persons described in the Will as the beneficiaries of the property. Most financial institutions, however, insist on only releasing estate funds to a court-appointed executor by requiring "Letters Testamentary" or "Letters of Administration" prior to releasing funds. In that event you have no choice but to ask the court to

appoint an executor.