



LAW OFFICE OF

Nakeshia Walls

FAST. CONVENIENT. AFFORDABLE.
LEGAL SERVICES

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



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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 without Will

Section I. Information about the Applicant

1. Your full legal name: _____
Middle Last
2. Your residence address: _____
First

Street

City, State & Zip Code Cell Phone Number
3. Your E-Mail Address: _____
Home Phone Number _____
4. Your relationship to Decedent: _____
E-Mail Address _____
Relationship
5. Have you ever been convicted of a felony? Yes No
6. Is the Applicant a Tennessee resident? Yes No

Section II. Information about the Decedent

7. Decedent's full legal name: _____
First Middle Last
8. Name variations on accounts: _____
9. Decedent's date of birth: _____
10. Decedent's date of death: _____ Age: _____
11. Decedent's gender: Male Female
12. Location of Decedent's death: _____
City, State County
13. Decedent's residence at death: _____
Street County

City, State & Zip Code

Section III. Information Regarding Decedent's Heirs

14. List **ALL** of Decedent's marriages:

<p>_____</p> <p><i>Current or Surviving Spouse's Full Name</i></p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>_____</p> <p><i>Prior Spouse's Full Name</i></p> <p>_____</p> <p><i>Prior Spouse's Full Name</i></p>	<p>_____</p> <p>Date of Marriage (mm/dd/yr)</p> <p>_____</p> <p>Phone Number</p> <p>_____ - _____</p> <p>Date of Marriage (mm/dd/yr) Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)</p> <p>_____ - _____</p> <p>Date of Marriage (mm/dd/yr) Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)</p>
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15. List **ALL** Children ever born to or adopted by Decedent (living and deceased):

<p>a. _____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>b. _____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>c. _____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>d. _____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
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Continue on back if necessary.

16. List **CERTAIN** Grandchildren ever born to or adopted by Decedent:

If any of the Decedent's children predeceased him or her, and that child left children (the Decedent's grandchildren), then please list the names of those grandchildren:

<p>a.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>b.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>c.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>

Continue on back if necessary.

17. List Decedent's Parents (living and deceased):

If the Decedent had no descendants (children or grandchildren) that survived him or her, then please list the names of the Decedent's parents:

<p>_____</p> <p>Decedent's Father's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Father Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>_____</p> <p>Decedent's Mother's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Mother Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Date of Death (mm/dd/yr)

Date of Death (mm/dd/yr)

18. List the Decedent's Siblings (living and deceased):

If the Decedent had no descendants that survived him or her, and if one or more of the Decedent's parents predeceased him or her, then please list the Decedent's Siblings:

a.	<hr/> <small>Full Name</small> <hr/> <small>Name of Both Parents</small> <hr/> <small>Street</small> <hr/> <small>City, State & Zip Code</small>	<hr/> <small>Birth date (mm/dd/yr)</small>	<hr/> <small>Date of Death (mm/dd/yy)</small>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<hr/> <small>Phone Number</small>		
b.	<hr/> <small>Full Name</small> <hr/> <small>Name of Both Parents</small> <hr/> <small>Street</small> <hr/> <small>City, State & Zip Code</small>	<hr/> <small>Birth date (mm/dd/yr)</small>	<hr/> <small>Date of Death (mm/dd/yy)</small>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<hr/> <small>Phone Number</small>		
c.	<hr/> <small>Full Name</small> <hr/> <small>Name of Both Parents</small> <hr/> <small>Street</small> <hr/> <small>City, State & Zip Code</small>	<hr/> <small>Birth date (mm/dd/yr)</small>	<hr/> <small>Date of Death (mm/dd/yy)</small>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<hr/> <small>Phone Number</small>		
d.	<hr/> <small>Full Name</small> <hr/> <small>Name of Both Parents</small> <hr/> <small>Street</small> <hr/> <small>City, State & Zip Code</small>	<hr/> <small>Birth date (mm/dd/yr)</small>	<hr/> <small>Date of Death (mm/dd/yy)</small>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<hr/> <small>Phone Number</small>		
e.	<hr/> <small>Full Name</small> <hr/> <small>Name of Both Parents</small> <hr/> <small>Street</small> <hr/> <small>City, State & Zip Code</small>	<hr/> <small>Birth date (mm/dd/yr)</small>	<hr/> <small>Date of Death (mm/dd/yy)</small>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<hr/> <small>Phone Number</small>		

Continue on back if necessary.

19. Do all persons listed on this form agree to this proceeding? Yes No

Section IV. Information Regarding Decedent’s Assets

20. Description of Decedent’s Assets (Do not include “JTWROS”, “POD” or other assets that transfer automatically upon the death of the Decedent.)

a. _____ \$ _____
Homes Address (attach a legal description from deed) Appraisal District Tax Valuation (See “www.dcad.org”)

 City, State & Zip Code Date of Purchase (Month/Year)

 Mortgages, Deed of Trust, or Lien holder’s Name \$ _____
 Amount of Lien Marital Property? Yes No
See definition below.

b. _____ \$ _____
Other Real Estate (attach a legal description from deed) Appraisal District Tax Valuation (See “www.dcad.org”)

 City, State & Zip Code Date of Purchase (Month/Year)

 Mortgages, Deed of Trust, or Lien holder’s Name \$ _____
 Amount of Lien Marital Property? Yes No
See definition below.

c. _____ \$ _____
Automobile Make & Model Estimated “Blue Book” Value (See “www.kbb.com”)

 VIN Number (Required)

 Lien holder’s Name \$ _____
 Amount of Lien Marital Property? Yes No
See definition below.

d. _____ \$ _____
Bank/Investment Company Name Account Value **(as of the Date of Death)**
 X _____
 Last Four Digits of Account Number Savings Checking Investment

 Bank Address Marital Property? Yes No
See definition below.

 City, State & Zip Code

e. _____ \$ _____
Bank/Investment Company Name Account Value **(as of the Date of Death)**
 X _____
 Last Four Digits of Account Number Savings Checking Investment

 Bank Address Marital Property? Yes No
See definition below.

 City, State & Zip Code

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

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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.

f. _____
Life Insurance Payable to the Estate

 Policy Number

 Insurance Company Address

 City, State & Zip Code

\$ _____
 Face Value of Policy
Marital 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).
Marital 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).
Marital Property? Yes No
See definition on previous page.

Section V. Information Regarding Decedent's Debts

21. Description of Decedent's Debts:

a. _____
Name of person who paid for funeral

 Street

 City, State & Zip Code

\$ _____
 Costs

b. _____
Healthcare Provider

 Street

 City, State & Zip Code

\$ _____
 Total Expenses NOT Covered by Insurance

c. _____
Healthcare Provider

 Street

 City, State & Zip Code

\$ _____
 Total Expenses NOT Covered by Insurance

d. _____
Credit Card Company
X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

\$ _____
Total Unpaid Credit Card Balance

e. _____
Credit Card Company
X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

\$ _____
Total Unpaid Credit Card Balance

f. _____
Electric Company Name
X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

\$ _____
Total Unpaid Balance

g. _____
Natural Gas Company Name
X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

\$ _____
Total Unpaid Balance

h. _____
Phone Company Name
X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

\$ _____
Total Unpaid Balance

Please list information regarding all other debts on back

Section VI. Information Regarding Disinterested Witnesses to Prove Heirship

Please provide the name, address and phone number of two witnesses who:

- 1) are familiar with Decedent’s family history;
- 2) do NOT have an interest in the estate;
- 3) are unrelated to the Decedent;
- 4) are able to attend a hearing if required by the Court.

22.

_____		_____	
Witness #1 Full Name		Witness #2 Full Name	
_____		_____	
Street		Street	
_____		_____	
City, State & Zip Code		City, State & Zip Code	
_____		_____	
Home	Business or Cell	Home	Business or Cell
_____		_____	
Year Disinterested Witness Met Decedent		Year Disinterested Witness Met Decedent	

Thank you for completing our Prospective Client Intake Form. Please email this completed document to us at n.walls@YourPerfectLawyer.com or bring it with you to your initial meeting. If you have any questions or concerns, please feel free to contact our office via phone at (901) 315-0559 or email at n.walls@YourPerfectLawyer.com. We look forward to assisting you!