

LEGACY ESTATES & TRUSTS, PLLC

www.mylegacyfirm.com

Arkansas Office: 900 W. Center St., Beebe, Arkansas 72012 | 501-882-6599

Missouri Office: 5709 Telegraph Rd., St. Louis, Missouri 63129 | 314-846-5005

Cliff Collins, Attorney at Law+ (cliff@cliffcollinslaw.com)

P. Jeff Hoggard, Attorney at Law+ (jeff.hoggard@gmail.com)

Facsimile: 866-423-3341

*** Licensed in Arkansas & Missouri**

+ Licensed in Arkansas

DATE: _____

Your Full Name: _____

Date of Birth: _____ Social Security #: _____

Email: _____ Phone: _____

Address: _____

Employer & Address: _____

Date of Marriage (if married): _____

Spouse's (if applicable) Full Name: _____

Date of Birth: _____ Social Security #: _____

Email: _____ Phone: _____

Address: _____

Employer & Address: _____

DECEDENT'S Full Name: _____

DOB: _____ SS #: _____ DL #: _____

Decedent's Former Employer & Address: _____

Address at Death: _____

All Other Beneficiaries' Full Legal Names, Addresses, Phone Numbers, Email Addresses, DOB's, & SS#'s:

1)

2)

3)

4)

5)

6)

PLEASE ATTACHED THE ORIGINALS OF ANY WILLS, CODICILS, TRUSTS, TRUST AMENDMENTS, AND DEATH CERTIFICATES.

PLEASE ATTACH A LIST OF OR STATEMENTS CONFIRMING ALL ASSETS AND DEBTS THAT WERE PART OF THE DECEDENT'S PROBATE AND/OR TRUST ESTATE AT THE TIME OF THE DECEDENT'S DEATH. PLEASE INCLUDE AND ATTACH ANY RELEVANT DEEDS, TITLES, ACCOUNT STATEMENTS, ETC. TO THIS QUESTIONNAIRE.

FOR OFFICE USE ONLY (DO NOT WRITE BELOW)

SCOPE OF REPRESENTATION: _____

FEE STRUCTURE: \$ _____

LIMITATIONS OF REPRESENTATION:

RETAINER: \$ _____

REFERRAL: _____

APPROVED: _____

FOR FIRM

CLIENT

CLIENT