

Client Data Sheet – PROBATE LAW

Phone: 412-931-2340 ~ Web: www.daniel-kasbee-law.com

A. DECEDENT

| | |
|--|---------------|
| Estate of (Name of Deceased Person) | Soc. Sec. No. |
| Street Address | Date of Death |
| City, State and Zip | |
| Where did decedent die? Address of that location | |

B. SURVIVING SPOUSE

| | |
|---------------------|---------------------------------------|
| Name | Soc. Sec. No. |
| Street Address | Phone (Day) +Alternate (if available) |
| City, State and Zip | |

C. SURVIVING CHILDREN (Use reverse side if necessary.)

| Name | Address | Age |
|------|---------|-----|
| | | |
| | | |
| | | |
| | | |

D. CLIENT

| | |
|----------------------------|----------------------|
| Name | Phone (day) |
| Street Address | Phone (alternate) |
| City, State and Zip | Email |
| Other Place to Contact You | Phone (alternate #2) |