**Client Data Sheet – ESTATE / PROBATE LAW**

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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) |