

ADMINISTRATION WORKSHEET

HOUGHTON JONES, A.P.C.

In preparing for your consultation with the attorney, it will be helpful to have the following information available for discussion. Additionally, having this information in our file will expedite the Law Office's ability to immediately move forward with your probate matter.

1. Information about the Client

Name: _____ SSN: _____

Address: _____

Telephone: _____ Email: _____

Individual Responsible for payment of bills: _____

Employer: _____

Applicable insurance information (if any): _____

Advertising or referral (who/where): _____

2. Information about the person seeking Letters of Administration ("Petitioner")

Same as "Client"

Name: _____

Address: _____

Relationship to the Decedent: _____

Has Petitioner ever been convicted of a felony? Yes No (If so, can Petitioner provide information to the Court describing the conviction?)

3. Information about the Decedent

Name: _____

Address in Nevada where the Decedent was a resident at the date of death: _____

Date of death: _____ Marital Status: Married Divorced Widowed

If married, name of spouse: _____ Date of marriage: _____

Name of prior spouse(s): _____

Are there minor children or pets that need immediate special care? Yes No

If yes, please provide further information: _____

Accountant name and phone number: _____

Names, ages, and relationship of heirs and next of kin (i.e.: spouse, children, siblings, etc.):

Name	Relationship	Age	Address

Does the Decedent have a Will? Yes No Does the Decedent have a Trust? Yes No

If yes, was the Will lodged with the Court? Yes No

Please list all property belonging to the Decedent, including address or other identifying information. If property is owned by more than one person, please check the box. Please list the full value of the property. If more space is needed, feel free to attach additional sheet.

Property (ie: house, vehicles, bank accounts, etc.)	Approximate value of property	Co-Owner?	Co-Owners name & percent of ownership
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
	Total:		

Please list any known creditors of the Decedent. For each creditor, please include the name, address, account number and amount owed. It may be easier to list the creditor's name and provide a billing statement with the additional information.

Creditor	Approximate amount owed
	Total: