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MARTIN M. SHENKMAN  
ADMITTED NY, NJ, & DC

## Confidential Client Probate/Trust Intake Form

### Contact Information (Executor/Trustee):

\_\_\_\_\_  
Executor Name

\_\_\_\_\_  
Co-Executor Name

\_\_\_\_\_  
Executor Home Address

\_\_\_\_\_  
Co-Executor Home Address

\_\_\_\_\_  
Executor City/State/Zip

\_\_\_\_\_  
Co-Executor City/State/Zip

Decedent Name and last Address: \_\_\_\_\_

Decedent Social Security Number: \_\_\_\_\_

If Mail should be sent to a different person or address list it here:

(\_\_\_\_\_) \_\_\_\_\_  
Executor Home Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Co-Executor Phone Number

\_\_\_\_\_  
Executor Email Address

\_\_\_\_\_  
Co-Executor Email Address

(\_\_\_\_\_) \_\_\_\_\_  
Executor Business Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Co-Executor Business Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Executor Cellular Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Co-Executor Cellular Phone Number

Who referred you? \_\_\_\_\_

**Joint Representation in Probate:** If I am only representing you and not your co-executor, check the following box: [  ].

**Probate:** If I am representing all executors please be advised that we are not permitted to withhold information that either of you provides to us from the other. Further, there may be inherent conflicts in representing co-executors together which you acknowledge and waive by signing this document.

**Business:** If the estate has interests in an entity, I cannot represent co-owners because there is an inherent conflict of interest between co-owners. Each co-owner should have independent representation.

**Heirs/Beneficiaries:** I am not representing any heirs or beneficiaries. Although I may advise you on such matters, there are inherent conflicts of interests and all heirs and beneficiaries should obtain independent counsel. By your signing this Form you acknowledge that you will inform them of this.

**Background Information:** Please answer the following questions for the decedent and the estate by checking Yes or No. All responses will be held in strict confidence. This information is important to assist us in understanding the planning needs of the estate and assessing our involvement.

1. Have you or the estate ever consulted with a probate attorney concerning this estate? [ ] Yes [ ] No.
2. Has the decedent/estate or any entity owned filed for bankruptcy or been insolvent? [ ] Yes [ ] No.
3. Has the decedent/estate ever been, or presently, the subject of a lawsuit? [ ] Yes [ ] No.
4. Are there currently any outstanding claims against the estate? [ ] Yes [ ] No.
5. Had the decedent or either executor ever been convicted of a crime? [ ] Yes [ ] No.
6. Are there any current conditions, medical or otherwise, that may impair any executor's ability to sign legal documents? [ ] Yes [ ] No.
7. Was the decedent separated, or divorced? [ ] Yes [ ] No.
8. Did the decedent file personal income tax returns for each of the past 5 years? [ ] Yes [ ] No.
9. Has the decedent or estate ever had an IRS audit? [ ] Yes [ ] No.

**Professional Relationships:** Please provide me with the names and contact information for the decedent, and if different the estate's, other advisers. It is essential that all advisers be involved in the process. Please initial or "X" the box to the right to authorize us to communicate with that adviser. Failing to do so will adversely affect our ability to represent the estate or trust. This may waive attorney client privilege if they are not deemed indispensable agents. We cannot effectively represent you without open communication:

1. \_\_\_\_\_ Telephone: [ ] [ ]  
Decedent's Accountant's name *[if estate will use a different accountant please indicate]*
2. \_\_\_\_\_ Telephone: [ ] [ ]  
Decedent's General Attorney's name *[if estate will use a different attorney please indicate]*
3. \_\_\_\_\_ Telephone: [ ] [ ]  
Decedent's Financial Planner's name *[if estate will use a different planner please indicate]*
4. \_\_\_\_\_ Telephone: [ ] [ ]  
Decedent's Life Insurance Agent's name *[if estate will use a different agent please indicate]*

**Payment Data:** I bill hourly for all work including consultations at rates set forth in my Billing Arrangement forms which you acknowledge receiving and reading (both sides). Payment is expected at your initial consultation and before the release of any documents. I request an advanced payment towards work to be undertaken. Estimates are not maximums or guarantees of the fees to be incurred.

I/We will be paying via: Check on: [ ] Personal account [ ] Estate Account [ ] Other Account: \_\_\_\_\_ Credit Card: [ ] Visa [ ] MasterCard [ ] American Express  
Note: If you pay by a personal check you can have the estate reimburse you when the estate assets are accessible and an account is opened. We will not begin work without a payment to our business account. Please sign your names below. I/We have read the above form, understood it and responded to all questions completely and accurately:

\_\_\_\_\_ Date:  
Executor/Trustee Signature

\_\_\_\_\_ Date:  
Co-Executor/Trustee's Signature