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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: _____

Physical Mail should be sent to:* Home Second Home Business **Only Email/ShareFile**

(____) _____
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

*Specify an address to which any original documents should be returned.

Who referred you? _____

Joint Representation in Probate: If we are only representing you and not your co-executor, check the following box: .

Probate: If we are 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, we cannot represent co-owners because there is an inherent conflict of interest between co-owners. Each co-owner should have independent representation.

Heirs/Beneficiaries: We are not representing any heirs or beneficiaries. Although we 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. Explain any "Yes" responses. All responses will be held in strict confidence. This information is important to assist us in 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.
10. Have the decedent, estate or trust ever been in or is presently in bankruptcy or insolvency? []Yes []No.
11. Was the decedent/is the settlor a US citizen? []Yes []No.
12. Did the decedent/estate/trust own foreign assets? []Yes []No. Have all reporting requirements been complied with? []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: We bill hourly for all work including consultations at rates set forth in our 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. We 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. While we accept credit cards as a courtesy to clients, we would appreciate if you could pay by check and not credit card.

Signatures: 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