



www.heritagelawtx.com

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**NEW CLIENT INTAKE**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

**General Information**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Your e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of Your Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: M F

Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

How Were You Referred to Wendi Lester?: \_\_\_\_\_

Who Will Be Responsible for Your Account With Us?: \_\_\_\_\_

Have you seen another attorney about this matter? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Name and phone number of person, not currently living with you, to contact in case of an emergency: \_\_\_\_\_

**Please describe legal matter for which you are seeking legal counsel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEIRSHIP WORKSHEET

### For Decedent, Please List:

1. Legal Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Date of Death: \_\_\_\_\_
4. SSN: \_\_\_\_\_
5. Address of Decedent: \_\_\_\_\_
6. County of Residence: \_\_\_\_\_
7. City & County of Death: \_\_\_\_\_

### For ALL Marriages of Decedent, Please list:

1. Name of Spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Location of Termination: \_\_\_\_\_  
Reason (Divorce/Death): \_\_\_\_\_
2. Name of Spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Location of Termination: \_\_\_\_\_  
Reason (Divorce/Death): \_\_\_\_\_

**For All Children of Decedent, Please List:**

1. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Other Parent: \_\_\_\_\_

ARE ANY CHILDREN OF DECEDENT LIST ABOVE DECEASED? IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE CHILDREN OF ANY DECEASED CHILD:

1. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

If Decedent **DID NOT** have children, provide information regarding Decedent's Parents.

Mother's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
Father 's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

If Decedent **DID NOT** have a current spouse, **DID NOT** have children, and was **NOT** survived by **BOTH** parents, please list the following information regarding Decedent's siblings who were born to **either** parent:

1. Name of Brother or Sister: \_\_\_\_\_  
Address: \_\_\_\_\_  
Was the sibling a full or half-sibling: \_\_\_\_\_  
Age of Sibling: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alive or deceased?: \_\_\_\_\_ Marital Status \_\_\_\_\_

If deceased, did sibling have children: \_\_\_\_\_

2. Name of Brother or Sister: \_\_\_\_\_

Address: \_\_\_\_\_

Was the sibling a full or half-sibling: \_\_\_\_\_

Age of Sibling: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alive or deceased?: \_\_\_\_\_ Marital Status \_\_\_\_\_

If deceased, did sibling have children: \_\_\_\_\_

3. Name of Brother or Sister: \_\_\_\_\_

Address: \_\_\_\_\_

Was the sibling a full or half-sibling: \_\_\_\_\_

Age of Sibling: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alive or deceased?: \_\_\_\_\_ Marital Status \_\_\_\_\_

If deceased, did sibling have children: \_\_\_\_\_

Did Decedent own any real Property? If yes, please list addresses:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Co-owner: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Co-owner: \_\_\_\_\_

**Two Disinterested Witnesses will be required:**

(People who are familiar with the family and marital history of Decedent, and will be willing/able to appear at a hearing)

Witness 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Knew Decedent from approximately what year: \_\_\_\_\_

Witness 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Knew Decedent from approximately what year: \_\_\_\_\_