
LAW OFFICES OF BRADLEY J. FRIGON

ATTORNEYS AT LAW

Bradley J. Frigon, JD, LLM
(Tax), CELA**
bfrigon@bjflaw.com
Admitted in Colorado and Kansas

6500 SOUTH QUEBEC STREET, SUITE 330
ENGLEWOOD, COLORADO 80111
TELEPHONE (720) 200-4025 FAX (720) 200-4026
Toll Free (877) 295-8915
www.bjflaw.com

W. Eric Kuhn, Esq.
ekuhn@bjflaw.com
Admitted in Colorado and California

PROBATE INTAKE FORM

Your Name: _____ **Client Name:** _____

DECEDENT

Personal Information:

Name(s):

Name as regularly signed (E.g. name on checks
etc)

Name(s) as appears on assets (title to house, stocks, bonds, savings accounts,
etc)

Date of Death: _____

Social Security #: _____

Residence Address: _____

County: _____

City/State/Zip: _____

Mailing Address: _____
(if different than above)

Date of Birth: _____

Marital Status:

___ Single (never married)

___ Married; Date of Marriage: _____

___ Divorced; Date of Divorce: _____

If divorced, full name of prior spouse: _____

___ Widowed; Date of Death: _____

If widowed, full name of deceased spouse:

Estate Planning:

Date of Will: _____ Location of original Will: _____

Date of Codicil(s) (if applicable): _____ Location of original Codicil(s): _____

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

Heir(s) to Estate:

Name: _____

Address: _____

Phone: _____

DOB: _____ Age: _____

Email: _____

Relationship to Deceased: _____

Office use:
 N
 V
 C

PERSONAL REPRESENTATIVE(S)

Personal Representative(s), acting as:

- Sole Agent Co-agent
- Co-agent, acting separately Successor agent

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Why should this person be the Personal Representative?

___ Nomination by the will

___ Statutory Priority

___ Other (explain): _____

Personal Representative(s), acting as:

- Sole Agent Co-agent
- Co-agent, acting separately Successor agent

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Why should this person be the Personal Representative?

___ Nomination by the will

___ Statutory Priority

___ Other (explain): _____

CLIENT

Office use: <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> C

Client A
Primary Contact

Your Name(s):

Your name as you regularly sign (E.g. name on your checks)

Your name(s) as they appear on your assets (E.g. title to house, stocks, bonds, savings accounts)

Birthdate: _____

S.S.# _____

Residence Address: _____

City/State/Zip: _____

Office use: <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> C

Client B
Secondary Contact

Your Name(s):

Your name as you regularly sign (E.g. name on your checks)

Your name(s) as they appear on your assets (E.g. title to house, stocks, bonds, savings accounts)

Birthdate: _____

S.S.# _____

Residence Address: _____

City/State/Zip: _____

County: _____

Mailing Address: _____

(if different than above)

Telephone #: _____

Home: _____

Business: _____

Cell: _____

Email: _____

Preferred Way to Contact: _____

County: _____

Mailing Address: _____

(if different than above)

Telephone #: _____

Home: _____

Business: _____

Cell: _____

Email: _____

Preferred Way to Contact: _____

From what sources did you hear about our Law Office? _____

Referred by: _____

I hereby represent to The Law Offices of Bradley J. Frigon that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Dated: _____, 2009

Name of person who prepared this form

Signature