



# McLeod & Associates, P.A.

Business | Tax | Estate Planning  
www.eptaxlaw.com

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## PROBATE QUESTIONNAIRE

*Thank you for requesting our Probate Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you should have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.*

*Thank you for selecting our firm to possibly represent you with respect to your Probate matter. We look forward to hopefully working with you.*

1. Your name: \_\_\_\_\_
2. Your address: \_\_\_\_\_
3. Your phone number:
  1. Home: \_\_\_\_\_
  2. Office: \_\_\_\_\_
  3. Cell: \_\_\_\_\_
4. Your email address: \_\_\_\_\_

5. Your relationship to Decedent: \_\_\_\_\_
6. Full Name of Decedent: \_\_\_\_\_
7. Decedent's Spouse (if applicable): \_\_\_\_\_
8. Spouse's Social Security Number: \_\_\_\_\_
9. If Decedent's Spouse is deceased, please give date of Spouse's death and date Spouse's estate was Opened/Closed; if applicable, and County/State where Spouse's Estate was probated: \_\_\_\_\_
10. If divorced, please give date divorce was finalized: \_\_\_\_\_
11. Decedent's Social Security Number: \_\_\_\_\_
12. Decedent's Date of Birth: \_\_\_\_\_
13. Decedent's Date of Death: \_\_\_\_\_
14. Decedent's City/County of residence: \_\_\_\_\_
15. Did the Decedent have a Will? (If so, please provide a copy. The original will have to be filed with the Chancery Court when the Estate is opened.) YES or NO
16. If the Decedent did not have a Will, please list names, addresses, telephone numbers and email addresses (and Social Security Number, if available) of all known heirs of and relationship to Decedent: (Attach separate sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_
17. Please list all known assets of Decedent with the approximate Fair Market Value of same. (Attach separate sheet, if necessary)
  1. Real Property: \_\_\_\_\_
  2. Stocks/Bonds/Mutual Funds: \_\_\_\_\_
  3. Bank Accounts/CDs: \_\_\_\_\_
  4. Trusts (Creator/Beneficiary): \_\_\_\_\_
  5. Vehicles: \_\_\_\_\_
  6. Personal Property: \_\_\_\_\_
  7. Retirement Account(s): (IRAs, 401(k), etc.) \_\_\_\_\_
18. Please list all known creditors of the Decedent with address, telephone number and email address, as well as the approximate amount of such liability at the Decedent's date of death: (Attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_



**AUTHORIZATION TO DISCLOSE INFORMATION**

As an attorney, my firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our firm and me to disclose information about your legal and financial matters to others. The following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, \_\_\_\_\_ (client), authorize McLEOD & ASSOCIATES, P.A., and my attorney, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	<b>Now</b>	<b>After Incapacity</b>
_____ Any Beneficiary: _____	_____	_____
_____ <u>Except:</u> _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____

Other Instructions:

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)