



The Law Office of Roland R. Esparza, P.C.
Attorneys and Counselors at Law

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Attorney at Law

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Associate Attorney

CLIENT INTAKE SHEET- NON-PROBATE MATTERS-AFFIDAVIT

Attorney-Client Fee Agreement—Non-Refundable Retainer

Today's Date: _____

Client Name: _____ DL# / State: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alt. Phone #: _____

Date of Birth: _____ Age: _____ SSN (last 4 digits): _____

Email: _____

DECEDENT'S INFORMATION

Name of Decedent (as it would appear on the death certificate):

Decedent's Address at the time of Death:

Decedent's Date of Birth: _____ Date of Death: _____

Driver's License #: _____ Social Security #: _____

DECEDENT'S MARITAL/FAMILY HISTORY

Marital Status at the time of death (Circle one): Single / Married / Widowed / Divorced

Spouse's/Ex-Spouse's Name: _____

Date of Marriage: _____ Date of Divorce: _____

Spouse's/Ex-Spouse's Name: _____

Date of Marriage: _____ Date of Divorce: _____

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How many children did decedent have (living or dead), include adopted children: _____

Please list their names and date of births and date of death, if applicable: _____

DECEDENT'S PROPERTY/ESTATE

Did decedent own a home or any real property? Y or N

If yes, what is the address(es) to the property?

Did decedent own any vehicles? Y or N

Description of Vehicle(s): _____

WITNESS INFORMATION

You will need to provide the following information for two (2) disinterested witnesses that will attest to being personally familiar with the family/marital history of the Decedent.

Witness 1:

Name: _____

Address: _____

_____ Phone: _____

The time period which the witness knew the Decedent:

From _____ to _____

Witness 2:

Name: _____

Address: _____

_____ Phone: _____

The time period which the witness knew the Decedent:

From _____ to _____