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PROBATE CLIENT INFORMATION SHEET

NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

E-MAIL: _____

SOCIAL: ____ - ____ - ____

DOB: ____ / ____ / ____

DECEASED PARTY: _____

DECEASED PARTY ADDRESS: _____

DECEASED PARTY DOB: ____ / ____ / ____

DATE OF DEATH: ____ / ____ / ____

COUNTY OF RESIDENCE AT DEATH: _____

DECEASED PARTY SOCIAL: _____

EXECUTED WILL: Yes No Date: _____

REFERRED BY: _____

OFFICE USE ONLY

<input type="checkbox"/> Fee Agreement	Initial _____	Date ____ / ____ / 2018	<input type="checkbox"/> UNBUNDLED	<input type="checkbox"/> CLC	<input type="checkbox"/> ARAG	<input type="checkbox"/> Tabs/PM:	Initial _____	Date ____ / ____ / 2018
<input type="checkbox"/> New File:	Initial _____	Date ____ / ____ / 2018	<input type="checkbox"/> Server:	Initial _____			Initial _____	Date ____ / ____ / 2018

DEVISEES NAME IN THE WILL OR HEIRS

NAME: ADDRESS RELATIONSHIP:		NAME: ADDRESS RELATIONSHIP:	
NAME: ADDRESS RELATIONSHIP:		NAME: ADDRESS RELATIONSHIP:	