

Frank B. Watkins

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PROBATE INFORMATION

Date: _____

File No. _____

(Office use only)

YOUR INFORMATION

Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Attorneys previously retained by you for this case:

Referred by: _____

Are you a previous client: " Yes " No

DECEASED INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Relationship to the Deceased _____

Property in Deceased name

Real Property Address: _____

Vehicles: _____

Other Property _____

CHILDREN

Name : _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name : _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

I understand that unless the attorney and I sign a representation agreement the law firm of Frank B. Watkins does not represent me.

(Signature)