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CLIENT INFORMATION SHEET
Deed Upon Death

DATE: _____

YOUR NAME: _____

MAILING ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____ DRIVER'S LICENSE #: _____ STATE: _____

HOME PHONE #: _____ CELLULAR #: _____

E-MAIL ADDRESS _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS ADDRESS: _____ PHONE #: _____

INFORMATION REGARDING THE TRANSFER OF PROPERTY

FULL NAME OF PERSON TO RECEIVE PROPERTY: _____

ADDRESS OF REAL PROPERTY: _____

NAME LISTED ON CURRENT DEED: _____

LEGAL DESCRIPTION OF PROPERTY (If Available) _____

IF AVAILABLE, PLEASE ATTACH A COPY OF THE CURRENT DEED TO THIS DOCUMENT.