

PROBATE INFORMATION SHEET

If you cannot answer a question, leave it blank.

Please include a list of all of the Decedent's assets and approximate values attached to this sheet. Please bring the Original Will (If Applicable) and an Original Copy of the Death Certificate of the Deceased.

Applicant's Name: _____

Applicant's Address: _____

Applicant's County of Residence: _____

Applicant's Phone Number: _____

Applicant's Relationship to the Decedent: _____

Name of Decedent: _____

Decedent's Date of Death: _____

Place of Death: _____

Decedent's Age at Death: _____

Decedent's Date of Birth: _____

Decedent's Social Security Number: _____

Decedent's Address at Time of Death: _____

Decedent's County of Residence at Time of Death: _____

Decedent's Children:

	Name	Male/Female	Date of Birth
1.	_____	_____	_____

Address and Phone: _____

2.	_____	_____	_____
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Address and Phone: _____

3.	_____	_____	_____
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Address and Phone: _____

4.	_____	_____	_____
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Address and Phone: _____

5.	_____	_____	_____
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Address and Phone: _____

6.	_____	_____	_____
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Address and Phone: _____

Was Decedent Married or Widowed at the time of Death? (Circle One) Married - Widowed

If yes, give the name(s) of Decedent's spouse and date of Marriage.

Name: _____

Date of Marriage: _____

Date of Death of Spouse: (If Applicable) _____

Was Decedent ever Divorced? Yes No

If yes, give the name(s) of Decedent's ex-spouse(s) and dates and places of Divorce.

Name: _____

Date and Place of Divorce: _____

Name: _____

Date and Place of Divorce: _____

What is the approximate value of Decedent's estate less community property interest?

Are any amounts due and/or owing to Decedent? Yes No

If yes, list who owes the amounts and the amount owed to Decedent with the inventory information on a separate page.

Did Decedent have any debts that were not secured by liens on real estate? Yes No

If yes, list who is owed and the amount owed by the Decedent with the inventory information on a separate page.

Will a notice to creditors need to be published? Yes No

If we need to send out letters to known creditors, on a separate page list creditors names, addresses, account numbers, and amount owed. Also indicate whether or not accounts were joint accounts and whether or not there was credit life insurance.

Did Decedent have a valid written Will? Yes No

Date of Will: _____

Were there any children born or adopted by the Decedent after the date Will was executed? Yes No

If yes, which ones: _____

Was the Will self-proved in the manner prescribed by law? Yes No

(Did the Will have 2 witnesses and was it notarized?)

Names and Addresses of Witnesses:

1. Name _____

 Address _____

2. Name _____

 Address _____

3. Name _____

 Address _____

Were an Executor or Co-Executors named in the Will?" Yes No

If yes, state their name and address:

Name of Executor: _____

Address: _____

Phone: _____

Name of Co- Executor (If Applicable): _____

Address: _____

Phone: _____

Is the named Executor or Co-Executor qualified to serve?: Yes No

Are they Incapacitated or Deceased ? _____

Have they ever been convicted of a felony in the U.S. or any State? _____

Are they a resident of the State of Texas? Yes No

If you answered No, please list the name of an individual who resides in Texas to serve as the Registered Agent for Service of Process for the Named Executor: _____

Address of Registered Agent: _____

If a proof of signature is required give the names of two individuals who are familiar with the signature of Decedent who Will testify in court.

1. _____

2. _____

If Decedent did **NOT** have a Will, give the names of two individuals who are familiar with the family history of Decedent who Will testify in court.

1. _____

2. _____

If Decedent did **NOT** have a Will, list the names, addresses and relationship of all of Decedent's heirs intestate.

1. Name _____

Address _____

Relationship _____

2. Name _____

Address _____

Relationship _____

3. Name _____

Address _____

Relationship _____

4. Name _____

Address _____

Relationship _____

5. Name _____

Address _____

Relationship _____

6. Name _____

Address _____

Relationship _____

7. Name _____

Address _____

Relationship _____

8. Name _____

Address _____

Relationship _____

SUMMARY OF ASSETS

Please list all of the assets that the Decedent owned at the time of death. Please indicate approximate values if exact values are not available. If married, list assets owned by both spouses.

Family Home \$ _____

Household Effects \$ _____

Vehicles \$ _____ \$ _____

Collectibles \$ _____ \$ _____

Other Personal Assets \$ _____ \$ _____

Bank Accounts (i.e., checking, savings, money markets, etc.)

<u>Name of Bank</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Investments (not qualified)

<u>Name of Institution</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Qualified Retirement Plans

Name of Institution

Name of Beneficiary

Balance

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance:

Name of Ins. Co.

Beneficiary of Policy

Death Benefit

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Recreational Property:

Item Description

Value

_____	\$ _____
_____	\$ _____

Mineral Interests

Location

Value

_____	\$ _____
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_____ \$ _____

Future Interests \$ _____

Interest in Trusts/Estates \$ _____

Rental Assets \$ _____

Receivables \$ _____

Intellectual Properties \$ _____

Agricultural Assets \$ _____

Business Interests \$ _____

Other Business Assets \$ _____