

Probate Questionnaire

Instructions: Please complete the Probate Questionnaire to the best of your ability and knowledge. All information contained within will be held in strict confidence. It is especially important that names are spelled correctly and that the information provided answered fully and is accurate. If you are unable to include all of the given information within the allotted space, please provide additional pages to ensure that all your goals and objectives are reflected.

The purpose of this questionnaire is to provide a wide range of information about the decedent's (deceased persons') estate and heirs/beneficiaries to ensure that you are properly advised regarding the proper probate administration for the decedent's estate. Some of the information will be incorporated directly into the probate court filings. Some information will not, but the information will be helpful as we discuss the estate.

If a question does not apply to the decedent's estate, you may insert N/A or simply skip over to the next question. Please attach the completed questionnaire and email it to christy@motonlaw.com and/or bring to the client meeting. Should you have any questions while filling out the questionnaire, please contact my office at (713) 554-4975.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. HOWEVER, IF A PROFESSIONAL, INCLUDING AN ATTORNEY OR AN EMPLOYEE OF AN ATTORNEY, HAS CAUSE TO BELIEVE THAT A CHILD HAS BEEN ABUSED OR NEGLECTED OR MAY BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE, AND THE PROFESSIONAL HAS CAUSE TO BELIEVE THAT THE CHILD HAS BEEN ABUSED AS DEFINED BY SECTION 261.001 OR 261.401 OF THE TEXAS FAMILY CODE, THE PROFESSIONAL SHALL MAKE A REPORT NOT LATER THAN THE FORTY-EIGHTH HOUR AFTER THE HOUR THE PROFESSIONAL FIRST SUSPECTS THAT THE CHILD HAS BEEN OR MAY BE ABUSED OR NEGLECTED OR IS A VICTIM OF AN OFFENSE UNDER SECTION 21.11 OF THE TEXAS PENAL CODE. THE REPORT SHALL BE MADE TO THE APPROPRIATE AGENCY.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.
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DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE
IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Probate Questionnaire

PART I - PERSONAL DATA

NAME of DECEDENT: _____
 Alias Names (if any): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____
 Place of Birth: _____
 Date of Death: _____
 Place of Death: _____
 Social Security Number: _____
 Was Decedent a U.S. citizen? Yes: ___ No: _____
 If naturalized U.S. citizen, Date and Place of Naturalization: _____

 Location of Will, if any: _____
 Date of Will: _____
 Location of Codicils, if any: _____
 Date of Codicils: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home #: _____ Cell #: _____
 Work #: _____ Fax #: _____
 E-mail: _____ Pgr #: _____

Date of Birth: _____
 Social Security Number: _____
 Date and place of marriage/domestic partnership: _____
 Status of Spouse: _____ Living _____ Deceased _____ Under Conservatorship

CHILDREN'S INFORMATION:

Name	Living	Age	Birthdate	Married	Address
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.

OTHER DEPENDENTS, IF ANY:

Name: _____ **Age:** _____ **Residence:** _____

Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

Name: _____ **Relationship:** _____ **Living** _____ **Residence:** _____

_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding decedent's former marriages, if any:

Name of former spouse	Living	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

PART III – ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____
 Traveler's checks: _____
 Money orders: _____

ACCOUNTS

Name of financial institution: _____
 Account title: _____
 Account number: _____
 Type of account: (checking/savings/money market/CD/Other _____)
 Current account balance (as of _____): \$ _____

Name of financial institution: _____



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Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other _____)
Current account balance (as of _____): \$ _____

REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____

Street address: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet):



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Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property: \$ _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____
Type of interest: _____
State/County of location: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____
Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____



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In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other _____)
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Current market value (as of _____): \$ _____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
Name and address of plan administrator: _____
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT, _____ OTHER _____)
Employee: _____
Employer: _____
Starting date of creditable service: _____ Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____



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Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: ____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: ____ Make: ____ Model: _____

Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Current balance (as of _____): \$ _____
 Current net equity in vehicle: \$ _____

Year: ____ Make: ____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Current balance (as of _____): \$ _____
 Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

DOCUMENTS TO HAVE AVAILABLE IF POSSIBLE, DURING THE MEETING:

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Death certificate
- _____ 3. Paid funeral bills
- _____ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 5. Income tax return (most recent)
- _____ 6. Gift tax returns (all)
- _____ 7. Texas intangible tax return (most recent)
- _____ 8. Financial statements prepared by accountant
- _____ 9. Financial information submitted to lending institutions
- _____ 10. Real and personal property tax bills
- _____ 11. Deeds to property

- _____ 12. Mortgages
- _____ 13. Vehicle titles
- _____ 14. Copies of any bills and creditors' addresses
- _____ 15. Government, municipal, and corporate bonds
- _____ 16. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 17. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 18. Stockholder or partnership agreements
- _____ 19. Pension and profit-sharing plans and summary of current benefits
- _____ 20. Leases
- _____ 21. Instruments under which client has any interest or power of appointment
- _____ 22. Prenuptial, postnuptial, or separation agreements
- _____ 23. Judgments of dissolution of marriage
- _____ 24. Court orders or agreements under which client is obligated to provide support
- _____ 25. Wills of other family members, if pertinent
- _____ 26. Other: _____



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CERTIFICATION

I, (print your name) _____, hereby represent to Moton Law Firm PLLC that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that Moton Law Firm PLLC will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Moton Law Firm PLLC may not be appropriate.

Signature

Date