

Client Information Worksheet | Probate WITHOUT a Will

Section I. Information about the Applicant

1. Your full legal name: _____
First Middle Last
 2. Your residence address: _____
Street

City, State & Zip Code

Home Phone Number Cell Phone Number
 3. Your E-Mail Address: _____
E-Mail Address
 4. Your relationship to Decedent: _____
Relationship
 5. Have you ever been convicted of a felony? Yes No
 6. Are you a Texas resident? Yes No
- If you are not a Texas Resident, would you like Brett A. Christiansen to serve as your "Resident Agent"? Yes No

Section II. Information about the Decedent

7. Decedent's full legal name: _____
First Middle Last
8. Name variations on accounts: _____
9. Decedent's date of birth: _____
10. Decedent's date of death: _____ Age: _____
11. Decedent's gender: Male Female
12. Location of Decedent's death: _____
City, State County
13. Decedent's residence at death: _____
Street County

City, State & Zip Code

Section III. Information Regarding Decedent's Heirs

14. List **ALL** of Decedent's marriages:

<p>_____ <i>Living / Surviving Spouse's Full Name</i></p> <p>_____ Street</p> <p>_____ City, State & Zip Code</p> <p>_____ <i>Prior Spouse's Full Name</i></p> <p>_____ <i>Prior Spouse's Full Name</i></p>	<p>_____ Date of Marriage (mm/dd/yr)</p> <p>_____ Phone Number</p> <p>_____ Date of Marriage (mm/dd/yr) Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)</p> <p>_____ Date of Marriage (mm/dd/yr) Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)</p>
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15. List **ALL** Children ever born to or adopted by Decedent (living and deceased):

<p>a. _____ Full Name</p> <p>_____ Name of Other Parent</p> <p>_____ Street</p> <p>_____ City, State & Zip Code</p>	<p>_____ Birth date (mm/dd/yr) _____ Date of Death (mm/dd/yr)</p> <p>Deceased? Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Phone Number</p>
<p>b. _____ Full Name</p> <p>_____ Name of Other Parent</p> <p>_____ Street</p> <p>_____ City, State & Zip Code</p>	<p>_____ Birth date (mm/dd/yr) _____ Date of Death (mm/dd/yr)</p> <p>Deceased? Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Phone Number</p>
<p>c. _____ Full Name</p> <p>_____ Name of Other Parent</p> <p>_____ Street</p> <p>_____ City, State & Zip Code</p>	<p>_____ Birth date (mm/dd/yr) _____ Date of Death (mm/dd/yr)</p> <p>Deceased? Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Phone Number</p>
<p>d. _____ Full Name</p> <p>_____ Name of Other Parent</p> <p>_____ Street</p> <p>_____ City, State & Zip Code</p>	<p>_____ Birth date (mm/dd/yr) _____ Date of Death (mm/dd/yr)</p> <p>Deceased? Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Phone Number</p>

Continue on back if necessary.

16. List **CERTAIN** Grandchildren ever born to or adopted by Decedent:

If any of the Decedent's children predeceased him or her, and that child left children (the Decedent's grandchildren), then please list the names of those grandchildren:

a. _____
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Other Parent

Deceased? Yes No

_____ Street

_____ City, State & Zip Code Phone Number

b. _____
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Other Parent

Deceased? Yes No

_____ Street

_____ City, State & Zip Code Phone Number

c. _____
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Other Parent

Deceased? Yes No

_____ Street

_____ City, State & Zip Code Phone Number

Continue on back if necessary.

17. List Decedent's Parents (living and deceased):

If the Decedent had no descendants (children or grandchildren) that survived him or her, then please list the names of the Decedent's parents:

_____ Decedent's Father's Full Name	_____ Decedent's Mother's Full Name
_____ Street	_____ Street
_____ City, State & Zip Code	_____ City, State & Zip Code
_____ Home	_____ Business or Cell
_____ Home	_____ Business or Cell
Father Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Date of Death (mm/dd/yr)	_____ Date of Death (mm/dd/yr)

18. List the Decedent's Siblings (living and deceased):

If the Decedent had no descendants that survived him or her, and if one or more of the Decedent's parents predeceased him or her, then please list the Decedent's Siblings:

a. _____
Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Both Parents

_____ Street Deceased? Yes No

_____ City, State & Zip Code _____ Phone Number

b. _____
Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Both Parents

_____ Street Deceased? Yes No

_____ City, State & Zip Code _____ Phone Number

c. _____
Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Both Parents

_____ Street Deceased? Yes No

_____ City, State & Zip Code _____ Phone Number

d. _____
Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Both Parents

_____ Street Deceased? Yes No

_____ City, State & Zip Code _____ Phone Number

e. _____
Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yr)

_____ Name of Both Parents

_____ Street Deceased? Yes No

_____ City, State & Zip Code _____ Phone Number

19. Do all persons listed on this form agree to this proceeding? Yes No
(ANSWER REQUIRED)

Section IV. Information Regarding Decedent's Assets

20. Description of Decedent's Assets (Do not include "JTWROS", "POD" or other assets that transfer automatically upon the death of the Decedent.)

<p>a. _____ Homes Address (attach a legal description from deed)</p> <p>_____ <small>City, State & Zip Code</small></p> <p>_____ <small>Mortgages, Deed of Trust, or Lien holder's Name</small></p>	<p>\$ _____ <small>Appraisal District Tax Valuation (See "www.dcad.org")</small></p> <p>_____ <small>Date of Purchase (Month/Year)</small></p> <p>Community Property Yes <input type="checkbox"/> No <input type="checkbox"/> <small>See definition below.</small></p> <p>\$ _____ <small>Amount of Lien</small></p>
<p>b. _____ Other Real Estate (attach a legal description from deed)</p> <p>_____ <small>City, State & Zip Code</small></p> <p>_____ <small>Mortgages, Deed of Trust, or Lien holder's Name</small></p>	<p>\$ _____ <small>Appraisal District Tax Valuation (See "www.dcad.org")</small></p> <p>_____ <small>Date of Purchase (Month/Year)</small></p> <p>Community Property Yes <input type="checkbox"/> No <input type="checkbox"/> <small>See definition below.</small></p> <p>\$ _____ <small>Amount of Lien</small></p>
<p>c. _____ Automobile Make & Model</p> <p>_____ <small>VIN Number (Required)</small></p> <p>_____ <small>Lien holder's Name</small></p>	<p>\$ _____ <small>Estimated "Blue Book" Value (See "www.kbb.com")</small></p> <p>Community Property Yes <input type="checkbox"/> No <input type="checkbox"/> <small>See definition below.</small></p> <p>\$ _____ <small>Amount of Lien</small></p>
<p>d. _____ Bank/Investment Company Name</p> <p>X _____ <small>Last Four Digits of Account Number</small></p> <p>_____ <small>Bank Address</small></p> <p>_____ <small>City, State & Zip Code</small></p>	<p>\$ _____ <small>Account Value (as of the Date of Death)</small></p> <p>Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/></p> <p>Community Property Yes <input type="checkbox"/> No <input type="checkbox"/> <small>See definition below.</small></p>
<p>e. _____ Bank/Investment Company Name</p> <p>X _____ <small>Last Four Digits of Account Number</small></p> <p>_____ <small>Bank Address</small></p> <p>_____ <small>City, State & Zip Code</small></p>	<p>\$ _____ <small>Account Value (as of the Date of Death)</small></p> <p>Savings <input type="checkbox"/> Checking <input type="checkbox"/> Investment <input type="checkbox"/></p> <p>Community Property Yes <input type="checkbox"/> No <input type="checkbox"/> <small>See definition below.</small></p>

Community property consists of the property, other than separate property, acquired by either spouse during marriage. A spouse's separate property consists of: 1) the property owned or claimed by the spouse before marriage; 2) the property acquired by the spouse during marriage by gift or inheritance; and 3) the recovery for personal injuries sustained by the spouse during marriage, except any recovery for loss of earning capacity during marriage. All property that is acquired during the marriage is presumed to be community property unless proven otherwise.

- f. _____ \$ _____
Life Insurance Payable to the Estate
 Policy Number _____
 Insurance Company Address _____
 City, State & Zip Code _____
 Face Value of Policy
Community Property Yes No
See definition on previous page.
- g. **Furniture and Furnishings of residence:** \$ _____
 Estimated "Fair Market Value" of Property
 (i.e. the price you would get if sold at an estate sale).
Community Property Yes No
See definition on previous page.
- h. **Misc. personal effects, jewelry, clothing, etc.:** \$ _____
 Estimated Fair Market Value of Property
 (i.e. the price you would get if sold at an estate sale).
Community Property Yes No
See definition on previous page.

Section V. Information Regarding Decedent's Debts

21. Description of Decedent's Debts:

- a. _____ \$ _____
Name of person who paid for funeral
 Street _____
 City, State & Zip Code _____
 Costs
- b. _____ \$ _____
Healthcare Provider
 Street _____
 City, State & Zip Code _____
 Total Expenses NOT Covered by Insurance
- c. _____ \$ _____
Healthcare Provider
 Street _____
 City, State & Zip Code _____
 Total Expenses NOT Covered by Insurance

d. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

e. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

f. _____ \$ _____
Electric Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

g. _____ \$ _____
Natural Gas Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

h. _____ \$ _____
Phone Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

Please list information regarding all other debts on back

Section VI. Information Regarding Disinterested Witnesses (2) to Prove Heirship

Please provide the name, address and phone number of two witnesses who:

- 1) are familiar with Decedent’s family history;
- 2) do **NOT** have an interest in the estate;
- 3) are unrelated to the Decedent (preferred but not required);
- 4) are able to attend a hearing in the DFW area.

22.

_____		_____	
Witness #1 Full Name		Witness #2 Full Name	
_____		_____	
Street		Street	
_____		_____	
City, State & Zip Code		City, State & Zip Code	
_____		_____	
Home	Business or Cell	Home	Business or Cell
_____		_____	
Year Disinterested Witness Met Decedent		Year Disinterested Witness Met Decedent	

23. The appropriate court or “venue” in probate proceedings is the county court of the Decedent’s residence.

24. Would you like to pay our fees and court costs with a credit card? Yes No

25. How did you first hear about us?

- Referral from Friend
- Referral from Lawyer
- Google Search
- Avvo
- Yelp
- Other: _____