# Client Information Worksheet |Probate WITHOUT a Will

# Section I. Information about the Applicant

1. Your full legal name:

First Middle Last

1. Your residence address:

Street

City, State & Zip Code

Home Phone Number Cell Phone Number

1. 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

1. Decedent’s full legal name:

First Middle Last

1. Name variations on accounts:

|  |  |  |  |
| --- | --- | --- | --- |
| 9. | Decedent’s date of birth: |   |  |
| 10. | Decedent’s date of death: |   | Age:  |
| 11. | Decedent’s gender: | Male Female |  |

1. Location of Decedent’s death:

City, State County

1. Decedent’s residence at death:

Street County

City, State & Zip Code

# Section III. Information Regarding Decedent’s Heirs

1. List **ALL** of Decedent’s marriages:

*Living / Surviving* Spouse’s Full Name Date of Marriage (mm/dd/yr)

Street

City, State & Zip Code Phone Number

 -

*Prior* Spouse’s Full Name Date of Marriage (mm/dd/yr) Date of Divorce / Death (mm/dd/yr)

 -

*Prior* Spouse’s Full Name Date of Marriage (mm/dd/yr) Date of Divorce / Death (mm/dd/yr)

1. List **ALL** Children ever born to or adopted by Decedent (living and deceased):
	1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

* 1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

* 1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

* 1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

*Continue on back if necessary*.

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:

1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

1.

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

Name of Other Parent Street

Deceased? Yes No

City, State & Zip Code Phone Number

*Continue on back if necessary*.

1. 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 No Mother Deceased? Yes No

Date of Death (mm/dd/yr) Date of Death (mm/dd/yr)

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:

* 1.

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

* 1.

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

* 1.

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

* 1.

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

* 1.

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

1. Do all persons listed on this form agree to this proceeding? Yes No

(ANSWER REQUIRED)

# Section IV. Information Regarding Decedent’s Assets

1. Description of Decedent’s Assets (Do not include “JTWROS”, “POD” or other assets that transfer automatically upon the death of the Decedent.)

|  |  |  |
| --- | --- | --- |
| a. |   | $  |
|  | **Homes Address (attach a legal description from deed)** | Appraisal District Tax Valuation (*See* “[www.dcad.org](http://www.dcad.org/)”) |
| City, State & Zip Code |  | Date of Purchase (Month/Year) |  |  |
|  Mortgages, Deed of Trust, or Lien holder’s Name | $ Amount of Lien | Community Property*See definition below.* | Yes | No |

|  |  |  |
| --- | --- | --- |
| b. |   | $  |
|  | **Other Real Estate (attach a legal description from deed)** | Appraisal District Tax Valuation (*See* “[www.dcad.org](http://www.dcad.org/)”) |
| City, State & Zip Code |  | Date of Purchase (Month/Year) |  |  |
|  Mortgages, Deed of Trust, or Lien holder’s Name | $ Amount of Lien | Community Property*See definition below.* | Yes | No |

|  |  |  |
| --- | --- | --- |
| c. |   | $  |
|  | **Automobile Make & Model** | Estimated “Blue Book” Value (*See* “[www.kbb.com](http://www.kbb.com/)”) |

VIN Number (Required)

 $ Community Property Yes No

Lien holder’s Name Amount of Lien *See definition below.*

|  |  |  |
| --- | --- | --- |
| d. |   | $  |
|  | **Bank/Investment Company Name** | Account Value **(as of the Date of Death)** |

x Savings Checking Investment

Last Four Digits of Account Number

Community Property Yes No

Bank Address *See definition below.*

City, State & Zip Code

e. $

**Bank/Investment Company Name** Account Value **(as of the Date of Death)**

x Savings Checking Investment

Last Four Digits of Account Number

Community Property Yes No

Bank Address *See definition below.*

City, State & Zip Code

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** | Face Value of Policy |  |
|  | Policy Number | Community Property Yes*See definition on previous page.* | No |

Insurance Company Address

City, State & Zip Code

# 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.*

# 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

1. Description of Decedent’s Debts:

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

|  |  |  |
| --- | --- | --- |
| 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

1. The appropriate court or “venue” in probate proceedings is the county court of the Decedent’s residence.
2. Would you like to pay our fees and court costs with a credit card? Yes No
3. How did you first hear about us?

Referral from Friend Referral from Lawyer Google Search

Avvo Yelp

Other: