

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: _____

NAME of PERSONAL REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

NAME of ALTERNATE REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

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:
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 - DECEDENT'S DESIGNEES

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of any minor children should both parents die)

Name of Guardian: _____

Address: _____

Hm Phone No.: _____ Wk Phone No.: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

3rd Alternate Guardian: _____

PART IV - 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: _____

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 _____): \$ _____

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):

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):

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 _____): \$ _____

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 _____): \$ _____

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 _____): \$ _____

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 _____)\$ _____

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 _____)\$ _____

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 _____)\$ _____

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 _____)\$ _____

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: _____
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 _____): \$ _____

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 _____): \$ _____

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 _____): \$ _____

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 _____): \$ _____

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 _____): \$ _____

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: _____
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: \$ _____

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: \$ _____

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 _____): \$ _____

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 _____): \$ _____

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 _____): \$ _____

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: \$ _____

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: \$ _____

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: _____

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

Items in safe-deposit box: _____

How were you referred to this office?

Individual referral? Please provide individual's name, address and telephone so we can thank them for the referral:

Internet referral? Which search engine or directory did you use? (Google, Yahoo, Yahoo Yellow Pages, AOL Yellow Pages, FindLaw, etc.):

DOCUMENTS TO BRING TO INITIAL CLIENT 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. Government, municipal, and corporate bonds
17. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
18. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
19. Stockholder or partnership agreements
20. Pension and profit-sharing plans and summary of current benefits
21. Leases
22. Instruments under which client has any interest or power of appointment
23. Prenuptial, postnuptial, or separation agreements
24. Judgments of dissolution of marriage
25. Court orders or agreements under which client is obligated to provide support