

CLIENT DATA FORM FOR PROBATE/ADMINISTRATION OF AN ESTATE

Please complete this questionnaire. It is important that you complete ALL items so that we have the information needed to draft your documents. If a question does not apply to you, write N/A in the appropriate blank. If you need more space, use extra sheets and specify the question you are referring to. If you need assistance in answering a question, call our office. All information will be held in strict confidence.

DATE _____

CLIENT INFORMATION

1. Your Legal Name: _____

First Middle Last

 Other name(s) you have used: _____
 Age: _____ Date of Birth: _____ Social Security No.: _____

2. Current Address: _____

(street address)

 City, State & Zip: _____ County _____
 Phone No.'s: Home: _____ Work: _____ Cell: _____
 Your Email: _____ Fax: _____

3. To your knowledge, **did the decedent leave a Will?** No Yes, Dated: _____
What is your relationship to the Decedent? _____
 Are you named as the first Executor/Executrix? Yes No
 If No, name the first Executor/Executrix _____
 Is this person willing and able to serve? Yes No Don't know Deceased
 If Deceased, provide the Date & Place of Death: _____
 Are you named as a successor Executor/Executrix? Yes No

DECEDENT INFORMATION

1. Full Name: _____ Male Female
 Any other name(s) possibly used: _____

2. Decedent's Date & Place of Birth: _____
 Social Security No. _____ State DL or ID No. _____
 Date of Death: _____ Physician(s): _____
 Place of death: _____

City County State

3. Residence: _____
 City, State & Zip: _____ County _____
 How long did Decedent live at this address? _____

4. Was Decedent a Military Veteran? No Yes
If Yes, list branch of Military _____ Dates of Service _____
Was Decedent employed, at the time of death? No Yes
If Yes, list employer and address _____

5. **Decedent's Marital status:** Single Divorced Widowed Married
If **Married**, provide the following information for the surviving Spouse:
Name _____
Address: _____
Date of Marriage _____ Place of Marriage _____
Date Texas Domicile was established _____ Is spouse pregnant? No Yes
Was there a pre-marital agreement? No Yes
Was there a post-nuptial agreement? No Yes

6. If **Widowed**, provide the following information for each deceased Spouse:
Name _____
Date of Death _____ Place of Death _____
Date of Marriage _____ Place of Marriage _____
Was there a pre-marital agreement? No Yes
Was there a post-nuptial agreement? No Yes

Name _____
Date of Death _____ Place of Death _____
Date of Marriage _____ Place of Marriage _____
Was there a pre-marital agreement? No Yes
Was there a post-nuptial agreement? No Yes

7. If **Divorced**, provide the name of each prior spouse, if any, and the following information:
Name of ex-Spouse: _____
Date of Marriage _____ Place of Marriage _____
Date of Divorce _____ Place of Divorce _____
Name of ex-Spouse: _____
Date of Marriage _____ Place of Marriage _____
Date of Divorce _____ Place of Divorce _____

DECEDENT'S CHILDREN, IF ANY

8. If the Decedent had children, please give the following information:

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
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Name of Other Parent: _____

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

WERE THERE ANY **CHILDREN BORN TO OR ADOPTED BY THE DECEDENT AFTER THE DATE OF THE WILL?** Yes No If Yes, please give the following information:

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

FULL NAME _____ Son Daughter
Address _____
County _____ Date of Birth _____ Single Married Children
Phone No.'s: Home: _____ Cell: _____ Work: _____
Name of Other Parent: _____

If Decedent had **any children under the age of eighteen (18)**, state the full name, address and relationship (if any) of the person listed to act as their custodian.

Child's Name: _____ Son Daughter
Custodian's Name & Relationship: _____
Address _____
County _____ Phone No.'s: _____

Child's Name: _____ Son Daughter
Custodian's Name & Relationship: _____
Address _____
County _____ Phone No.'s: _____

10. **Were there any other beneficiaries listed in Decedent's Will?** Yes No

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

11. **Did Decedent's Will specifically EXCLUDE any one?** Yes No

If Yes, who? _____

DECEDENT'S PROPERTY

12. List the following information:

a. **Real estate owned in whole or in part by the Decedent:**

ADDRESS _____

LEGAL DESCRIPTION _____

Separate Property Community Property Value \$ _____

Mortgaged Leased Insurance Mineral Rights Other _____

ADDRESS _____

LEGAL DESCRIPTION _____

Separate Property Community Property Value \$ _____

Mortgaged Leased Insurance Mineral Rights Other _____

ADDRESS _____

LEGAL DESCRIPTION _____

Separate Property Community Property Value \$ _____

Mortgaged Leased Insurance Mineral Rights Other _____

b. **Savings Accounts, Checking Accounts, Certificates of Deposits, Money Market Accounts, Pension Plans, Profit Sharing Plans, 401(K) Plans, or other plans or investment accounts:**

TYPE _____ Location _____

Account Number _____ VALUE _____

TYPE _____ Location _____

Account Number _____ VALUE _____

TYPE _____ Location _____

Account Number _____ VALUE _____

TYPE _____ Location _____

Account Number _____ VALUE _____

TYPE _____ Location _____

Account Number _____ VALUE _____

TYPE _____ Location _____

Account Number _____ VALUE _____

c. Stocks, Bonds, Securities or other investment information:

d. Vehicles, Boats, Motorcycles, etc.:

Year, Make & Model: _____

Mileage: _____ Condition: _____ VIN : _____

Amount Owed (if any): _____ VALUE: _____

Year, Make & Model: _____

Mileage: _____ Condition: _____ VIN : _____

Amount Owed (if any): _____ VALUE: _____

Year, Make & Model: _____

Mileage: _____ Condition: _____ VIN : _____

Amount Owed (if any): _____ VALUE: _____

Year, Make & Model: _____

Mileage: _____ Condition: _____ VIN : _____

Amount Owed (if any): _____ VALUE: _____

d. Social Security, Disability, Veteran's Benefits, or Pension Plan income:

Social Security \$ _____ per month

Disability \$ _____ per month

Veteran's Benefits \$ _____ per month

Pension Plan income \$ _____ per month

13. List life insurance information:

a. Cash surrender value of any life insurance policies \$ _____

b. Death value of any life insurance policies \$ _____

c. Cash surrender value of life insurance on spouse \$ _____

d. Death value of life insurance policy on spouse \$ _____

e. Retirement Benefits or Annuities \$ _____

f. Retirement or Death Benefits from sources other than employment \$ _____

14. **If taxes must be paid on the estate, what property should be used to pay the tax?** As an example, if property is sold to pay debts or administrative costs, should the income tax on any gain on the sale be allocated to all beneficiaries or only to certain beneficiaries. Normally land is the last asset sold to pay debts or expenses unless you instruct otherwise.:

DECEDENT'S DEBTS, IF ANY:

15. TYPE _____ Location _____
Account Number _____ AMT OWED _____

TYPE _____ Location _____
Account Number _____ AMT OWED _____

TYPE _____ Location _____
Account Number _____ AMT OWED _____

TYPE _____ Location _____
Account Number _____ AMT OWED _____

TYPE _____ Location _____
Account Number _____ AMT OWED _____

TYPE _____ Location _____
Account Number _____ AMT OWED _____

Other: _____
