

# **THE EARP LAW FIRM, P.C.**

304 Walnut St., Bowie, Texas 76230 • phone: (940) 872-8500 • fax: (940) 872-8502 • [www.earplaw.com](http://www.earplaw.com)

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## **QUESTIONNAIRE FOR PROBATE OF DECEDENT'S ESTATE**

**PLEASE FILL OUT USING ALL AVAILABLE, ACCURATE INFORMATION AS OF  
THE DATE OF DECEDENT'S DEATH**

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Failure to provide current and accurate information on these forms makes it very difficult to provide service to you as a probate client of our firm. The probate courts of the State of Texas require absolutely accurate reflections of all debts, obligations and information regarding the Decedent, and when appropriate, your failure to provide this information or your providing inaccurate or false information, may result in your own personal liability therefor and your fee forfeited.

UPON COMPLETION PLEASE CALL THE STAFF OF THE EARP LAW FIRM, P.C., AT  
THE ABOVE NUMBER TO MAKE AN APPOINTMENT TO REVIEW THE  
INFORMATION AND BEGIN PREPARATION OF YOUR PROBATE FILINGS

# **PROBATE QUESTIONNAIRE**

## **PART I** **DECEDENT'S 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 (i.e. Executor):** \_\_\_\_\_

\_\_\_\_\_

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:**

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	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, not the Executor)

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):

\_\_\_\_\_  
\_\_\_\_\_

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Current fair market value (as of \_\_\_\_\_): \$\_\_\_\_\_

Name of mortgage company and account number, if any:\_\_\_\_\_

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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 \_\_\_\_\_): \$\_\_\_\_\_



**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value

**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 and all terrain vehicles)

**#1:**

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: \$ \_\_\_\_\_

**#2:**

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: \$ \_\_\_\_\_

**#3:**

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: \$ \_\_\_\_\_

**#4:**

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: \$\_\_\_\_\_

**#5:**

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: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS ADVISORS:** (these are people whom you knew Decedent counseled with for advise on legal, financial, business, and tax matters)

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Advisor: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Advisor: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Advisor: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Address:

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Phone Number:

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Type of Advisor:

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**Whom would you like to use as a tax advisor/preparer (i.e. certified public accountant) if you should need one in your administration of this estate:**

Name: 

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Address:

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Phone Number:

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## DOCUMENTS CLIENT SHOULD PROVIDE TO ATTORNEY

(Check Here  
When Located  
and Copied for  
Attorney)

- \_\_\_\_\_ 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
- \_\_\_\_\_ 26. Wills of other family members, if pertinent