

THE EARP LAW FIRM, P.C.

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LIST OF ASSETS AND LIABILITIES

FOR

PREPARATION OF INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

IN

PROBATE OF DECEDENT'S ESTATE

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

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 therefore and your fee forfeited. This questionnaire is only used by our office in preparation of your probate filings.

Please attach additional pages, if needed.

UPON COMPLETION PLEASE RETURN THIS QUESTIONNAIRE TO THE STAFF OF
THE EARP LAW FIRM, P.C., AT THE ABOVE ADDRESS IN ORDER TO BEGIN
PREPARATION OF YOUR PROBATE FILINGS

Decedent's Full Legal Name: _____

Decedent's Date of Death: _____

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 _____): \$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other _____)

Current account balance (as of _____): \$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

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: \$ _____

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 _____): \$ _____

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 _____)\$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

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 _____)\$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

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 _____)\$ _____

Is the account payable upon death to anyone: Yes No

- If yes, who is it payable to: _____

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 _____): \$ _____

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 _____): \$ _____

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: \$ _____

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 _____): \$ _____

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: \$ _____

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: _____

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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: _____

DEBTS AND LIABILITIES

Please list ALL debts owed by the Decedent, including the amount owed, at the time of their death. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, taxes owed, personal (signature) notes etc.). This does not need to include regular, recurring monthly bills (like water/sewer/electric, cable tv, internet, phone, cellular phone, etc.). Please be thorough and provide all of the information known, or which can be gathered at this time, for the time period described. Please list any additional information you think is pertinent to each debt or liability next to and under the line entitled "Notes:". If Decedent had more debts than there are blanks provided, please attach additional pages and indentify the same ifnromation for each additional debt or liability.

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

Creditor Name: _____

Creditor's Address: _____

Account #: _____

Type of Debt: _____

Co-Debtors/Co-Signers/Co-Borrowers: _____

Amount Owed (AS OF DECEDENT'S DATE OF DEATH): \$ _____

Notes: _____

**DOCUMENTS CLIENT SHOULD PROVIDE TO ATTORNEY ALONG WITH THIS
FULLY COMPLETED QUESTIONNAIRE:**

- _____ 1. Paid funeral bills
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Income tax return (most recent)
- _____ 4. Gift tax returns (all)
- _____ 5. Texas intangible tax return (most recent)
- _____ 6. Financial statements prepared by accountant
- _____ 7. Financial information submitted to lending institutions
- _____ 8. Real and personal property tax bills
- _____ 9. Deeds to property
- _____ 10. Mortgages
- _____ 11. Vehicle titles
- _____ 12. Copies of any bills and creditors' addresses
- _____ 13. Government, municipal, and corporate bonds
- _____ 14. Government, municipal, and corporate bonds
- _____ 15. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 16. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 17. Stockholder or partnership agreements
- _____ 18. Pension and profit-sharing plans and summary of current benefits
- _____ 19. Leases
- _____ 19. Instruments under which client has any interest or power of appointment
- _____ 20. Prenuptial, postnuptial, or separation agreements
- _____ 21. Judgments of dissolution of marriage
- _____ 22. Court orders or agreements under which client is obligated to provide support
- _____ 23. Wills of other family members, if pertinent