THE EARP LAW FIRM, P.C.

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QUESTIONNAIRE FOR PROBATE OF WILL AS MUNIMENT OF TITLE

1 Deceased:	Full Legal Name:	PYVVV	
1. Deceaseu.	Date of Death:		
	Place & Address of Death:		
	Thee & Address of Beath.		
	Date of Birth:		
	Place of Birth:		
	Was the Deceased's Body Cremated: Yes No		
	If no, where are his/her remains buried:		
	Address at the time of his/her death:		
	Last 3 digits of his/her Social Security Number:		
	Last 3 digits of his/her Driver License Number:		
	Last 3 digits of his/her Driver License Number.		
2. Deceased's	Family:		
Was th	ne Deceased married at the time of his/her death?: Yes No		
vv as u	If yes to whom: 100		
	Date of Marriage:		
	Did they have any children together by birth or adoption:	Vac	No
	If yes, list:	168	110
	(1) Child's Full Name:		
	Child's Date of Birth:		
	Child's Date of Death:		
	Address:		
	Address.		
	Biological Mother/Father:		
	(2) Child's Full Name:		
	Child's Date of Birth:		
	Child's Date of Death:		
	Address:		
	Piological Mother/Eathers		
	Biological Mother/Father:		
	(3) Child's Full Name:		
	Child's Date of Birth:		
	Child's Date of Death:		
	Address:		
	Biological Mother/Father:		

(4) Child's Full Name:	
Child's Date of Birth:	
Child's Date of Death:	
Address:	
Biological Mother/Father:	
(Add additional children on separate paper)	
Was Deceased married any other times during his/her life? Yes No If yes:	
First Marriage: Spouses name:	
Date of Marriage:	
Date of Divorce:	
Date of Spouse's Death (if during life of Deceased):	-
Did Spouse Leave a Will: Yes No	
If yes, was spouse's will probated?: Yes	_No
Sacond Marriaga: Spousas nama:	
Second Marriage: Spouses name:	
Date of Division	-
Date of Divorce: Date of Spayer's Death (if during life of Deceased):	
Date of Spouse's Death (if during life of Deceased):	
Did Spouse Leave a Will: Yes No	N.T.
If yes, was spouse's will probated?: Yes _	_ No
Third Marriage: Spouses name:	_
Date of Marriage:	_
Date of Divorce:	
Date of Spouse's Death (if during life of Deceased):	
Did Spouse Leave a Will: Yes No	
If yes, was spouse's will probated?: Yes	No
(Add additional marriages on separate	
Were any children born or adopted to any of these marriages: Yes No If yes, please list:	
(1) Child's Full Name:	
Child's Date of Birth:	
Child's Date of Death:	
Child's Mother/Father:	
Address:	
(2) Child's Full Name:	
Child's Date of Birth:	
Child's Date of Death:	
Child's Mother/Father:	
Address:	
(Add additional children on separate paper)	

3. Deceased's Estate:

Did the Deceased leave a will? Yes No	
If yes, was that will previously probated: Yes No	
If yes, where was that will probated?: County, State of	
Did the Deceased have any debts owed to anyone on the date of his/her death: Yes No If yes, are those debts now paid?: Yes No	
Did the Decedent own property at the time he/she died: Yes No Real Property? Yes No Personal Property? Yes No Approximate value of Deceased's estate: \$	

4. Item's Needed for Filing Probate of Will as Muniment of Title:

- A. An original or certified copy of the death certificate for the Deceased.
- B. The original Last Will and Testament of the Deceased, or a copy if the original is unavailable.
- C. A description of each asset owned by the Deceased and an approximate value. If any of the assets have liens against them, or any debt is owed for them, then list the name of the creditor and the amount owed. If you have access to documentation that identifies these assets such as deeds, title certificates, bank statements, etc., please provide copies of all such documents.