

THE EARP LAW FIRM, P.C.

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

QUESTIONNAIRE

FOR

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

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: _____

Driver License 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: _____

Social Security Number: _____ Driver License Number: _____

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: _____ Driver License 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 #1	Living
_____	YES/NO
Date of Marriage: _____	
Date of Divorce: _____	
Place of Divorce: _____, County	

Name of former spouse #2	Living
_____	YES/NO
Date of Marriage: _____	
Date of Divorce: _____	
Place of Divorce: _____, County	

Name of former spouse #3	Living
_____	YES/NO
Date of Marriage: _____	
Date of Divorce: _____	
Place of Divorce: _____, County	

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: _____

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: _____

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: _____

Address: _____

Phone Number: _____

DOCUMENTS CLIENT SHOULD PROVIDE TO ATTORNEY AT SAME TIME AS THIS FULLY COMPLETED QUESTIONNAIRE:

_____ 1. Decedent's prior and present Wills, and any codicils;

_____ 2. Death Certificate of Decedent;

_____ 3. Wills of other family members, if pertinent