

Client Information Worksheet

Section I. Information about the Applicant

1. Your full legal name: _____
First Middle Last
2. Your residence address: _____
Street

City, State & Zip Code

Home Phone Number Cell Phone Number
3. Your E-Mail Address: _____
E-Mail Address
4. Your relationship to Decedent: _____
Relationship
5. Have you ever been convicted of a felony? Yes No
6. Are you a Texas resident? Yes No
- If you are not a Texas Resident, would you like one of our attorneys to serve as your "Resident Agent"? Yes No
- Last 3 digits of Your Social Security Number _____ and Drivers License Number _____

Section II. Information about the Decedent

7. Decedent's full legal name: _____
First Middle Last
8. Name variations on accounts: _____
9. Decedent's date of birth: _____
10. Decedent's date of death: _____ Age: _____
11. Decedent's gender: Male Female
12. Location of Decedent's death: _____
City, State County
13. Decedent's residence at death: _____
Street County

City, State & Zip Code

Last 3 digits of Decedent's Social Security Number _____ and Drivers License Number _____

Section III. Information Regarding Decedent's Heirs

14. List **ALL** of Decedent's marriages:

_____	_____
<i>Living / Surviving Spouse's Full Name</i>	<i>Date of Marriage (mm/dd/yr)</i>

<i>Street</i>	

<i>City, State & Zip Code</i>	<i>Phone Number</i>
_____	_____ - _____
<i>Prior Spouse's Full Name</i>	<i>Date of Marriage (mm/dd/yr)</i> <i>Date of Divorce</i> <input type="checkbox"/> / <i>Death</i> <input type="checkbox"/>
	<i>(mm/dd/yr)</i>
_____	_____ - _____
<i>Prior Spouse's Full Name</i>	<i>Date of Marriage (mm/dd/yr)</i> <i>Date of Divorce</i> <input type="checkbox"/> / <i>Death</i> <input type="checkbox"/>
	<i>(mm/dd/yr)</i>

15. List **ALL** Children ever born to or adopted by Decedent (living and deceased):

a.	_____	_____	_____
	<i>Full Name</i>	<i>Birth date (mm/dd/yr)</i>	<i>Date of Death (mm/dd/yy)</i>

	<i>Name of Other Parent</i>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	<i>Street</i>	_____	
	_____	<i>Phone Number</i>	
	<i>City, State & Zip Code</i>		
b.	_____	_____	_____
	<i>Full Name</i>	<i>Birth date (mm/dd/yr)</i>	<i>Date of Death (mm/dd/yy)</i>

	<i>Name of Other Parent</i>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	<i>Street</i>	_____	
	_____	<i>Phone Number</i>	
	<i>City, State & Zip Code</i>		
c.	_____	_____	_____
	<i>Full Name</i>	<i>Birth date (mm/dd/yr)</i>	<i>Date of Death (mm/dd/yy)</i>

	<i>Name of Other Parent</i>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	<i>Street</i>	_____	
	_____	<i>Phone Number</i>	
	<i>City, State & Zip Code</i>		
d.	_____	_____	_____
	<i>Full Name</i>	<i>Birth date (mm/dd/yr)</i>	<i>Date of Death (mm/dd/yy)</i>

	<i>Name of Other Parent</i>	Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	<i>Street</i>	_____	
	_____	<i>Phone Number</i>	
	<i>City, State & Zip Code</i>		

Continue on back if necessary.

16. List **CERTAIN** Grandchildren ever born to or adopted by Decedent:

If any of the Decedent's children predeceased him or her, and that child left children (the Decedent's grandchildren), then please list the names of those grandchildren:

<p>a.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>b.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>c.</p> <p>_____</p> <p>Full Name</p> <p>_____</p> <p>Name of Other Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>

Continue on back if necessary.

17. List Decedent's Parents (living and deceased):

If the Decedent had no descendants (children or grandchildren) that survived him or her, then please list the names of the Decedent's parents:

<p>_____</p> <p>Decedent's Father's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Father Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Date of Death (mm/dd/yr)</p>	<p>_____</p> <p>Decedent's Mother's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State & Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Mother Deceased? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>Date of Death (mm/dd/yr)</p>
---	---

18. List the Decedent's Siblings (living and deceased):

If the Decedent had no descendants that survived him or her, and if one or more of the Decedent's parents predeceased him or her, then please list the Decedent's Siblings:

a.	_____	_____	_____
	Full Name	Birth date (mm/dd/yr)	Date of Death (mm/dd/yy)

	Name of Both Parents	Deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Street	_____	
	_____	Phone Number	
	City, State & Zip Code		
b.	_____	_____	_____
	Full Name	Birth date (mm/dd/yr)	Date of Death (mm/dd/yy)

	Name of Both Parents	Deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Street	_____	
	_____	Phone Number	
	City, State & Zip Code		
c.	_____	_____	_____
	Full Name	Birth date (mm/dd/yr)	Date of Death (mm/dd/yy)

	Name of Both Parents	Deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Street	_____	
	_____	Phone Number	
	City, State & Zip Code		
d.	_____	_____	_____
	Full Name	Birth date (mm/dd/yr)	Date of Death (mm/dd/yy)

	Name of Both Parents	Deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Street	_____	
	_____	Phone Number	
	City, State & Zip Code		
e.	_____	_____	_____
	Full Name	Birth date (mm/dd/yr)	Date of Death (mm/dd/yy)

	Name of Both Parents	Deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Street	_____	
	_____	Phone Number	
	City, State & Zip Code		

Continue on back if necessary.

19. Do all persons listed on this form agree to this proceeding? Yes No
(ANSWERED REQUIRED)

Section IV. Information Regarding Decedent's Assets

20. Description of Decedent's Assets (Do not include "JTWROS", "POD" or other assets that transfer automatically upon the death of the Decedent.)

a. _____ \$ _____
Homes Address (attach a legal description from deed) Appraisal District Tax Valuation

 City, State & Zip Code

 Date of Purchase (Month/Year)

 Mortgages, Deed of Trust, or Lien holder's Name

\$ _____
 Amount of Lien

Community Property Yes No
See definition below.

b. _____ \$ _____
Other Real Estate (attach a legal description from deed) Appraisal District Tax Valuation

 City, State & Zip Code

 Date of Purchase (Month/Year)

 Mortgages, Deed of Trust, or Lien holder's Name

\$ _____
 Amount of Lien

Community Property Yes No
See definition below.

c. _____ \$ _____
Automobile Make & Model Estimated "Blue Book" Value

 VIN Number (Required)

 Lien holder's Name

\$ _____
 Amount of Lien

Community Property Yes No
See definition below.

d. _____ \$ _____
Bank/Investment Company Name Account Value (as of the Date of Death)

X _____
 Last Four Digits of Account Number

Savings Checking Investment

 Bank Address

Community Property Yes No
See definition below.

 City, State & Zip Code

e. _____ \$ _____
Bank/Investment Company Name Account Value (as of the Date of Death)

X _____
 Last Four Digits of Account Number

Savings Checking Investment

 Bank Address

Community Property Yes No
See definition below.

 City, State & Zip Code

Community property consists of the property, other than separate property, acquired by either spouse during marriage. A spouse's separate property consists of: 1) the property owned or claimed by the spouse before marriage; 2) the property acquired by the spouse during marriage by gift or inheritance; and 3) the recovery for personal injuries sustained by the spouse during marriage, except any recovery for loss of earning capacity during marriage. All property that is acquired during the marriage is presumed to be community property unless proven otherwise.

f. _____ \$ _____
Life Insurance Payable to the Estate
 Face Value of Policy
 Policy Number _____ Community Property Yes No
See definition on previous page.
 Insurance Company Address _____
 City, State & Zip Code _____

g. **Furniture and Furnishings of residence:** \$ _____
 Estimated "Fair Market Value" of Property
 (i.e. the price you would get if sold at an estate sale).
 Community Property Yes No
See definition on previous page.

h. **Misc. personal effects, jewelry, clothing, etc.:** \$ _____
 Estimated Fair Market Value of Property
 (i.e. the price you would get if sold at an estate sale).
 Community Property Yes No
See definition on previous page.

Section V. Information Regarding Decedent's Debts

21. Description of Decedent's Debts:

a. _____ \$ _____
Name of person who paid for funeral
 Costs
 Street _____
 City, State & Zip Code _____

b. _____ \$ _____
Healthcare Provider
 Total Expenses NOT Covered by Insurance
 Street _____
 City, State & Zip Code _____

c. _____ \$ _____
Healthcare Provider
 Total Expenses NOT Covered by Insurance
 Street _____
 City, State & Zip Code _____

d. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

e. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

f. _____ \$ _____
Electric Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

g. _____ \$ _____
Natural Gas Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

h. _____ \$ _____
Phone Company Name Total Unpaid Balance

X _____
Last Four Digits of Account Number

Street

City, State & Zip Code

Please list information regarding all other debts on back

Section VI. Information Regarding Disinterested Witnesses to Prove Heirship

Please provide the name, address and phone number of two witnesses who:

- 1) are familiar with Decedent's family history;
- 2) do NOT have an interest in the estate;
- 3) are unrelated to the Decedent (preferred but not required);
- 4) are able to attend a hearing in the Houston area if required by the court?

22.

_____		_____	
Witness #1 Full Name		Witness #2 Full Name	
_____		_____	
Street		Street	
_____		_____	
City, State & Zip Code		City, State & Zip Code	
_____		_____	
Home	Business or Cell	Home	Business or Cell
_____	_____	_____	_____
Year Disinterested Witness Met Decedent		Year Disinterested Witness Met Decedent	