



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
Kreig LLC attorneys to serve as your "Resident Agent"?

Yes

No

Your drivers license number

_____ and Social Security Number _____

SECTION II. INFORMATION ABOUT THE DECEDENT

Decedent's Social Security Number

and Drivers License Number

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

SECTION III. INFORMATION REGARDING DECEDENT'S HEIRS

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

Living / Surviving Spouse's Full Name

Date of Marriage (mm/dd/yr)

Street

City, State & Zip Code

Phone Number

Prior Spouse's Full Name

Date of Marriage (mm/dd/yr)

Date of Divorce / Death
(mm/dd/yr)

Prior Spouse's Full Name

Date of Marriage (mm/dd/yr)

Date of Divorce / Death
(mm/dd/yr)

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

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

	Name of Other Parent		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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

	Name of Other Parent		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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

	Name of Other Parent		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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

	Name of Other Parent		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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:

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

	Name of Other Parent		

	Street	Deceased?	Yes No

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

	Name of Other Parent		

	Street	Deceased?	Yes No

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

	Name of Other Parent		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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:

_____	_____	_____	_____
Decedent's Father's Full Name	Decedent's Father's Full Name		
_____	_____		
Street	Street		
_____	_____		
City, State & Zip Code	City, State & Zip Code		
_____	_____	_____	_____
Home	Business or Cell	Home	Business or Cell
_____	_____	_____	_____
Mother Deceased?	Yes No	Mother Deceased?	Yes No
_____	_____	_____	_____
	Date of Death (mm/dd/yr)		Date of Death (mm/dd/yr)

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		

	Street	Deceased?	Yes No

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

	Name of Both Parents		

	Street	Deceased?	Yes No

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

	Name of Both Parents		

	Street	Deceased?	Yes No

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

	Name of Both Parents		

	Street	Deceased?	Yes No

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

	Name of Both Parents		

	Street	Deceased?	Yes No

	City, State & Zip Code	Phone Number	_____

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

_____	Community Property	Yes	No
Policy Number	<i>See definition on previous page.</i>		

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
	<i>See definition on previous page.</i>		

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
	<i>See definition on previous page.</i>		

■ 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

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 person 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
	Year Disinterested Witness Met Decedent		Year Disinterested Witness Met Decedent

■ CONTACT PERSONS

Name

Phone number

Email address

Street

City, State & Zip Code

Name

Phone number

Email address

Street

City, State & Zip Code