

Client Information

Worksheet

■ SECTION I. INFORMATION ABOUT THE APPLICANT

1.	Your full legal name:	First	Middle	Last
		11100	Middle	2001
2.	Your name as in the Will:			
		First	Middle	Last
3.	Your residence address:			
		Street		
		City, State & Zip Code		
		Best Phone Number		
4.	Your E-Mail Address:			
4.	four E-Mail Address.	E-Mail Address		
		E Mail Address		
5. Your relationship to Decedent:				
	, , , , , , , , , , , , , , , , , , ,	Relationship		
	Your Drivers License Numb	oer	and Social Security Number	oer

■ SECTION II. INFORMATION ABOUT THE DECEDENT

6.	Decedent's name as in the Will:	- First	Middle	Last	
7.	Name variations on accounts:				
8.	Decedent's date of birth:				
9.	Decedent's date of death:		A	vde:	
10.	Location of Decedent's death:	City, State		County	
11.	Decedent's residence at death:	Street City, State & Zip Co	ode	County	
12.	List ALL of Decedent's marriages:				
	Current Spouse's Full Name		Date of Marriage		
	Prior Spouse's Full Name		Date of Marriage	Date of Divord	CE / Death
	Prior Spouse's Full Name		Date of Marriage	Date of Divorc	CE / Death
	Decedent's Social Security Number	•	and Driver's Licens	se Number:	
	SECTION III. INFORMATIO	N REGARDII	NG THE DECEDI	ENT'S WILL	
13.	What is the date of the Decedent's	Will?			
14.	Is the Will "self-proved"? See below	<i>/</i> .		Yes	No
	D. I. D. I.				D

A self-proved will contains notarized language at the end of the Will that is nearly identical to the following:

Before me, the undersigned authority, on this day personally appeared [Decedent's Name], [Witness#1] and [Witness#2], known to me to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said [Decedent's Name], testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament, and that he had willingly made and executed it as his free act and deed; and the said witnesses, each on his oath stated to me, in the presence and hearing of the said testator, that the said testator....

15.	Please provid	de the no	ames to the v	witnesse	es to the	Will:			
	Witness #1 First No	ime	Middle	Last N	lame	Witness #2 First Name	Middle		Last Name
16.	Do you have	any way	of contactir	ng the w	itnesses	to the Will?		Yes	No
17.	Did the Dece	dent hav	ve or adopt o	any chilo	dren afte	r executing the Will	P	Yes	No
18.	Was the Dec	edent di	vorced after	the date	e of the V	Vill?		Yes	No
19.	19. Does the Decedent's Will name someone to serve as "Independent" Executor or Executrix? Yes No						No		
20.	20. Does the Decedent's Will say that the "Independent" Executor will serve "without bond"? Yes No						No		
21.	Executors' Names:	1			2		_ 3		
	Residences:	Street			Street		Street		
		City, State	e & Zip Code		City, State	e & Zip Code	City, Sta	te & Zip Cod	de
22.	22. Will any of the Executors be waiving their right to serve? Yes No								
23.	23. Has any named Executor ever been convicted of a felony? Yes No								

24. Are all named Executors Texas residents?	Yes	No
25. Does the Decedent's Will name the State of Texas, a governmental agency of the State of Texas, or a charitable organization as a devisee?	Yes	No

■ SECTION IV. INFORMATION REGARDING DECEDENT'S HEIRS

26. The Texas Estates Code requires personal representatives to give notice to all will beneficiaries within sixty days of the date a decedent's will is probated. Therefore, please provide the following information for **ALL** persons named as beneficiaries in the Decedent's Last Will and Testament:

a.	Deceased?	Yes	No
Full Name			
Street		Date	of Death
City, State & Zip Code			
o	Deceased?	Yes	No
Full Name		 Date	of Death
Street		Date	or Boden
City, State & Zip Code			
с.	Deceased?	Yes	No
Full Name			
Street		Date	of Death
City, State & Zip Code			
d	Deceased?	Yes	No
Full Name			
Street		Date	of Death
City, State & Zip Code			
e	Deceased?	Yes	No
Full Name		Darta	of Death
Street		Date	oi Death
City, State & Zip Code			

Full Nar	me			Deceased?	Yes	No
Street					Date of	Death
otroot						
City, Sto	ate & Zip Code					
27 Do	all of the persons no	amed in the Will and al	l of th	e	Yes	No
De ag	cedent's immediate ree as to the validity	e family members not	amed t Will d	d in the Will	100	
		ORMATION FOR T AND LIST OF CLA		NVENTORY,		
	•	nt's Assets (Do not inc e death of the Deceder		"JTWROS", "POD" or other	assets the	at transfer
a.			\$			
	tead Address		Ψ	Appraisal District Tax Valuation		
City, Sto	ate & Zip Code		_	Date of Purchase (Month/Year)		
		\$		Community Property	Yes	No
Mortga or Lien	ges, Deed of Trust, holder's Name	Amount of Lien		See definition below.		
) .			\$			
Other R	Real Property Address			Appraisal District Tax Valuation	(See "www.d	cad.org")
City, Sto	ate & Zip Code		_	Date of Purchase (Month/Year)	l	
		\$		Community Property	Yes	No
	ges, Deed of Trust, holder's Name	Amount of Lien		See definition below.		
) .			\$			
Autom	obile Make & Model			Estimated "Blue Book" Value (Se	ee "www.kbb.	com")
VIN Nur	mber (Required)					
		\$		Community Property	Yes	No
Lien ho	lder's Name	Amount of Lien	_	See definition below.		
d			_ \$			
Bank/I	nvestment Company No	ime		Account Value (as of the Date	of Death)	
X	District of A			Savings Checking	Inve	estment
Last Fo	ur Digits of Account Num	per				
Bank A	ddress			Community Property See definition below.	Yes	No
City St	ate & Zip Code		_			
Oity, Sti	ato a 21p 0000					

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			
			Community Property	Yes	No	
	Policy Number		See definition below.			
	Insurance Company Address					
	City, State & Zip Code	_				
g.	Furniture and Furnishings of residence:	\$				
Ū			Estimated "Fair Market Value" of Pr (i.e. the price you would get if sold			
			Community Property	Yes	No	
			See definition on previous page.			
h.	Misc. personal effects, jewelry, clothing, etc.:	\$				
			Estimated Fair Market Value of Pro (i.e. the price you would get if sold		sale).	
			Community Property	Yes	No	
			See definition on previous page.			

■ SECTION VI. INFORMATION REGARDING DECEDENT'S DEBTS

29. Description of Decedent's Debts:	
Cl. Name of person who paid for funeral	Costs
b. Healthcare Provider	\$ Total Expenses NOT Covered by Insurance
c.	\$
Credit Card Company	Total Unpaid Credit Card Balance
d. Utility Company Name	Total Unpaid Balance
e. Phone Company Name	Total Unpaid Balance
30. Would you be willing to immediately pay all debts in order to probate the Will as a munin	<u> </u>
,	ppointed executor by requiring "Letters Testamentary" ads. In that event you have no choice but to ask the
Name	Name
Phone number	Phone number
Email address	Email address
Street	Street
City, State & Zip Code	City, State & Zip Code