



Date: _____

Client name: _____

INFORMATION FOR PROBATE OF ESTATE

CLIENT QUESTIONNAIRE

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege, except in cases of child abuse or neglect.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES OR AS REQUIRED BY LAW.

FOR OFFICE USE:

Ret.: _____ Type: STD | PPL | LP | H | A

OL: WTA | JAY | LC | JJM | DJS | MBR | MMP | JLG | BWC | MKM

RL: WTA | JAY | LC | JJM | DJS | MBR | MMP | JLG | BWC | MKM



GENERAL INFORMATION:

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

Work phone: _____ Fax: _____

Email: _____

Relationship to Decedent: _____

How do you prefer that we contact you? Mail Phone Email Fax

HOW WERE YOU REFERRED TO THIS OFFICE:

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

Insurance:

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client

Other: _____

ABOUT DECEDENT:

Full name of Decedent: _____

Date of death: _____ County in which Decedent died: _____

Date of birth: _____ Place of birth: _____

Decedent's address at time of death: _____

City: _____ State: _____ Zip: _____

Decedent's Social Security number: _____

WILL INFORMATION

If Decedent died with a Will, complete this section. If Decedent died without a will, skip section.

Date of Will: _____

Is there an Executor/Executrix named in the Will? _____

If so, name: _____

Independent/Dependent: _____



If Executor/Executrix is not one and the same as applicant, please fill out the below information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Social Security no.: _____

Please provide the names and addresses of the witnesses to the Will.

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

City, State, Zip: _____

Were there any children born to or adopted by Decedent **AFTER** the making of this Will?

If so, names and ages: _____

FAMILY HISTORY

Was Decedent married during his/her lifetime? _____

If so, list each marriage of Decedent, including full name of each spouse, date of marriage, date of divorce (if applicable), and date of death of spouse (if applicable).

Name of spouse: _____

Date of marriage: _____ Date of divorce: _____

Date of death: _____

Name of spouse: _____

Date of marriage: _____ Date of divorce: _____

Date of death: _____

Name of spouse: _____

Date of marriage: _____ Date of divorce: _____

Date of death: _____



Name of spouse: _____

Date of marriage: _____ Date of divorce: _____

Date of death: _____

CHILDREN OF DECEDENT

If Decedent left a Will, you may skip this section.

List each child born to or adopted by Decedent, including full name, name of other parent, date of birth and current address and telephone number.

Name: _____

Date of birth: _____

Name of other parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Date of birth: _____

Name of other parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Date of birth: _____

Name of other parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Date of birth: _____

Name of other parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____



If any of Decedent's children are deceased, list their names, date of birth, date of death, names of all children born to or adopted by them, their dates of birth, addresses and telephone numbers.

Name: _____

Date of birth: _____ Date of death: _____

Names of children: _____

Dates of birth: _____

Addresses: _____

Phone numbers: _____

Name: _____

Date of birth: _____ Date of death: _____

Names of children: _____

Dates of birth: _____

Addresses: _____

Phone numbers: _____

OTHER FAMILY INFORMATION

If Decedent left a Will, you may skip this section.

If Decedent left no spouse or children, or decedents of children, please identify the following:

Mother's name: _____

Father's name: _____

Mother's date of death: _____ Father's date of death: _____

Sibling's names: _____

Sibling's dates of death (if applicable): _____

Decedent's of siblings if siblings are deceased: _____



Identify at least two disinterested parties to go to Court and testify to facts concerning the family history.

*Disinterest means that they would not inherit any portion of Decedent's estate.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

How long did they know the Decedent? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

How long did they know the Decedent? _____

PROPERTY OF DECEDENT

Pending Claims/Lawsuits

Was Decedent a party to any litigation before his/her death or is the estate in any pending litigation? _____

If yes, please identify the following:

County where filed: _____

Cause number: _____

Approximate value of lawsuit to the estate after fees and expenses (may be unknown): \$ _____

Real Property/Real Estate

Did Decedent own real property at the time of death? _____

Was said property separate or community property? _____

If yes, give property address and legal description: _____

Is there a lien against real property? _____

If so, name and address of lien holder: _____



Bank Accounts

List the style of account, account number, and name and location of bank, savings association, and credit union for each checking or savings account or certificate of deposit in the name of Decedent. _____

If any of the accounts listed above are joint accounts, list them here: _____

Cash

Amount of cash held by Decedent at time of death: _____

Stocks/Bonds

If Decedent owned stocks/bonds at the time of death that **did not** have a named beneficiary, or where the Estate of Decedent is named as beneficiary, please list: _____

Life Insurance

If Decedent had a life insurance policy with either no named beneficiary or where the Estate of Decedent was named as beneficiary, please list: _____

Miscellaneous

Please provide a detailed description of all motor vehicles, including make, model, year, and approximate value at time of death of Decedent: _____

General description of all other property owned by Decedent i.e. jewelry, household goods, and personal effects. With respect to furs, precious metals, wine and liquor collections, pets, jewelry, household goods and personal effects, guns, and other sporting equipment, itemize only those items of considerable value (\$1,000 or more) and for collections, only those valued at \$10,000 or more: _____

Estimated total of estate in excess of \$ _____

DEBTS

Are there any debts, other than those secured by liens on real estate, owed by Decedent? _____

List all debts owed **BY** Decedent and the amount of those debts as of the date of death, specifying secured and/or unsecured creditors: _____

Are there any debts owed **TO** Decedent? If so, list the name and address of the person or entity who owes the money and the amount of the debt. If there is a note receivable, list the date of the note and rate of interest:



CONTACT INFORMATION

If there was a Will, please provide the phone number and mailing address for each beneficiary named in the Will.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____