



Date: \_\_\_\_\_

Client name: \_\_\_\_\_

**INFORMATION FOR PROBATE OF ESTATE**

**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 \_\_\_\_\_

Church referral from \_\_\_\_\_ to \_\_\_\_\_

**Internet:**

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

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

**Radio:**

- 94.9 KLTY
- 100.7 KWRD
- 660 KSKY

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client
- Prepaid Legal or CLC

Other: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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**Miscellaneous**

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

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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: \_\_\_\_\_

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Estimated total of estate in excess of \$ \_\_\_\_\_

**DEBTS**

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

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

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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:

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**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: \_\_\_\_\_