



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|CLC|PPL|ZNE

OL: WTA|LBR|JAY|LC|JJM|EMB|DJS|TPM|JLG|GH|MBC|MC

RL: WTA|LBR|JAY|LC|JJM|EMB|DJS|TPM|JLG|GH|MBC|MC

PERSONAL DATA:

1. **Please provide the following information regarding the decedent.**

Name of Decedent: _____

Alias names (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Place of birth: _____

Date of death: _____ Place of death: _____

Social Security number: _____

Was Decedent a U.S. citizen? Yes No

If a naturalized U.S. citizen, date and place of naturalization: _____

Location of Will, if applicable: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

2. **Please provide the following information regarding representatives.**

Name of personal representative: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Work phone: _____ Fax: _____

Email: _____

Relationship to Decedent: _____

Name of alternative representative: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Work phone: _____ Fax: _____



Email: _____

Relationship to Decedent: _____

BENEFICIARIES OR HEIRS AT LAW:

3. **Please provide the name and contact information of the Decedent’s spouse/partner.**

Full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____

Home phone (if different from above): _____

Work phone: _____ Fax: _____

Email: _____

Date of birth: _____ Social Security no.: _____

Date and place of marriage/domestic partnership: _____

Status of spouse: Living Deceased Under conservatorship

4. **Please provide the *full* name, address and date of birth for each child of the Decedent.**

Full legal name: _____

Date of birth: _____ Age: _____

Relationship status: Married Single Divorced/Separated Widowed

Address: _____

City: _____ State: _____ Zip: _____

Living or deceased? _____

Name of other parent: _____

Full legal name: _____

Date of birth: _____ Age: _____

Relationship status: Married Single Divorced/Separated Widowed

Address: _____

City: _____ State: _____ Zip: _____

Living or deceased? _____

Name of other parent: _____



Full legal name: _____

Date of birth: _____ Age: _____

Relationship status: Married Single Divorced/Separated Widowed

Address: _____

City: _____ State: _____ Zip: _____

Living or deceased? _____

Name of other parent: _____

Full legal name: _____

Date of birth: _____ Age: _____

Relationship status: Married Single Divorced/Separated Widowed

Address: _____

City: _____ State: _____ Zip: _____

Living or deceased? _____

Name of other parent: _____

5. **Please provide the *full* name, age and address of any other dependents.**

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

6. **Please provide the name, date of birth, and name of parents of any grandchildren of Decedent.**

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

Name: _____

Date of birth: _____ Age: _____

Parents names: _____

7. **Please provide the following information regarding Decedent's parents, brothers and sisters.**

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

8. **Provide the same information for the surviving spouse/partner's parents and siblings.**

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Relationship to Decedent: _____

Living or deceased? _____

Address: _____

City: _____ State: _____ Zip: _____

9. **Please provide the following information regarding Decedent's former marriages, if applicable.**

Name of former spouse: _____

Living or deceased? _____

Date of death or divorce: _____

Name of former spouse: _____

Living or deceased? _____

Date of death or divorce: _____

Name of former spouse: _____

Living or deceased? _____

Date of death or divorce: _____



DECEDENT'S DESIGNEES:

10. Please provide the following information regarding the Trustee (i.e. the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries).

Name of trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

1st Alternate trustee: _____

2nd Alternate trustee: _____

3rd Alternate trustee: _____

11. Provide the following information regarding the Guardian of any minor children (i.e. the person who will take physical care of any minor children should both parents die).

Name of guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____

1st Alternate guardian: _____

2nd Alternate guardian: _____

3rd Alternate guardian: _____

ASSETS:

Describe the decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

12. CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

Cash on hand: _____

Traveler's checks: _____

Money orders: _____



Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: Checking Savings Money Market CD

Other: _____

Current account balance: \$ _____ As of: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: Checking Savings Money Market CD

Other: _____

Current account balance: \$ _____ As of: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: Checking Savings Money Market CD

Other: _____

Current account balance: \$ _____ As of: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: Checking Savings Money Market CD

Other: _____

Current account balance: \$ _____ As of: _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: Checking Savings Money Market CD

Other: _____

Current account balance: \$ _____ As of: _____

13. **REAL ESTATE (include any real property on which Decedent and/or Decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares)**

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value: \$ _____ As of: _____

Name of mortgage company and account number: _____

Current balance of mortgage: \$ _____ As of: _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value: \$ _____ As of: _____

Name of mortgage company and account number: _____

Current balance of mortgage: \$ _____ As of: _____

Other liens against property: _____

Current net equity in property: \$ _____

14. **MINERAL INTERESTS (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)**

Name of mineral interest/lease/well: _____

Type of interest: _____



State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____

Current value: \$ _____ As of: _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____

Current value: \$ _____ As of: _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____

Current value: \$ _____ As of: _____

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Name of producer/operator: _____

Current value: \$ _____ As of: _____



15. **BROKERAGE/MUTUAL FUND ACCOUNTS**

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts, if any): _____

Account title: _____

Account number (and numbers of subaccounts, if any): _____

Value: \$ _____ As of: _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts, if any): _____

Account title: _____

Account number (and numbers of subaccounts, if any): _____

Value: \$ _____ As of: _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts, if any): _____

Account title: _____

Account number (and numbers of subaccounts, if any): _____

Value: \$ _____ As of: _____

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts, if any): _____

Account title: _____

Account number (and numbers of subaccounts, if any): _____

Value: \$ _____ As of: _____

16. **STOCKS, BONDS & OTHER SECURITIES (include securities not in a brokerage account, mutual fund, or retirement fund)**

Name of security: _____

5665 DALLAS PARKWAY, SUITE 200, FRISCO, TEXAS 75034
TELEPHONE 214.423.5100 FACSIMILE 214.423.5111 WWW.ALBINROACH.COM

Number of shares: _____

Type: Common stock Preferred stock Bond Other: _____

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value: \$ _____ As of: _____

Name of security: _____

Number of shares: _____

Type: Common stock Preferred stock Bond Other: _____

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value: \$ _____ As of: _____

Name of security: _____

Number of shares: _____

Type: Common stock Preferred stock Bond Other: _____

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value: \$ _____ As of: _____

Name of security: _____

Number of shares: _____

Type: Common stock Preferred stock Bond Other: _____

Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Current market value: \$ _____ As of: _____

17. **CLOSELY HELD BUSINESS INTERESTS (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies/partnerships, joint ventures, and other non-publicly traded business entities)**

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned, if applicable: _____

Value: \$ _____ As of: _____

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned, if applicable: _____

Value: \$ _____ As of: _____

Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned, if applicable: _____

Value: \$ _____ As of: _____

18. **BUSINESS PERSONAL PROPERTY (i.e. patents, copyrights, trademarks, and royalties, etc.)**

Item identification: _____

Location: _____

Value: \$ _____ As of: _____

Item identification: _____

Location: _____

Value: \$ _____ As of: _____

Item identification: _____

Location: _____

Value: \$ _____ As of: _____

Item identification: _____

Location: _____

Value: \$ _____ As of: _____

Item identification: _____

Location: _____



Value: \$ _____ As of: _____

19. **RETIREMENT BENEFITS (including Defined Contribution plans, Defined Benefit plans, IRAs, SEPs, KEOGHs, Nonqualified plans and Government benefits such as civil service, teacher, railroad, state and local, etc.)**

Name of plan: _____

Name and address of plan administrator: _____

Type: IRA SEP KEOGH Defined Contribution Plan

Government Benefit: _____ OTHER: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance: \$ _____ As of: _____

Name of plan: _____

Name and address of plan administrator: _____

Type: IRA SEP KEOGH Defined Contribution Plan

Government Benefit: _____ OTHER: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance: \$ _____ As of: _____

Name of plan: _____

Name and address of plan administrator: _____

Type: IRA SEP KEOGH Defined Contribution Plan

Government Benefit: _____ OTHER: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance: \$ _____ As of: _____

20. **LIFE INSURANCE**

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term Whole Universal Face amount: \$ _____

Amount of premiums: \$ _____ per: month/quarter/semi-annual

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: Term Whole Universal Face amount: \$ _____

Amount of premiums: \$ _____ per: month/quarter/semi-annual

Cash surrender value: \$ _____



Name of insurance company: _____
 Policy number: _____
 Name of owner: _____
 Name of insured: _____
 Designated beneficiary: _____
 Date of issue: _____
 Type of insurance: Term Whole Universal Face amount: \$ _____
 Amount of premiums: \$ _____ per month/quarter/semi-annually
 Cash surrender value: \$ _____

21. **ANNUITIES**

Name of company: _____
 Policy number: _____
 Name of owner: _____
 Name of annuitant: _____
 Designated beneficiary: _____
 Date of issue: _____ Face amount: \$ _____
 Amount of premiums: \$ _____ per month/quarter/semi-annually
 Current value: \$ _____ As of: _____

Name of company: _____
 Policy number: _____
 Name of owner: _____
 Name of annuitant: _____
 Designated beneficiary: _____
 Date of issue: _____ Face amount: \$ _____
 Amount of premiums: \$ _____ per month/quarter/semi-annually
 Current value: \$ _____ As of: _____

Name of company: _____
 Policy number: _____
 Name of owner: _____
 Name of annuitant: _____
 Designated beneficiary: _____
 Date of issue: _____ Face amount: \$ _____



Amount of premiums: \$ _____ per month/quarter/semi-annually

Current value: \$ _____ As of: _____

Name of company: _____

Policy number: _____

Name of owner: _____

Name of annuitant: _____

Designated beneficiary: _____

Date of issue: _____ Face amount: \$ _____

Amount of premiums: \$ _____ per month/quarter/semi-annually

Current value: \$ _____ As of: _____

22. **MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)**

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification no.: _____

Name of creditor of loan against vehicle: _____

Current balance: \$ _____ As of: _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification no.: _____

Name of creditor of loan against vehicle: _____

Current balance: \$ _____ As of: _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification no.: _____

Name of creditor of loan against vehicle: _____

Current balance: \$ _____ As of: _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification no.: _____

Name of creditor of loan against vehicle: _____

Current balance: \$ _____ As of: _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification no.: _____

Name of creditor of loan against vehicle: _____

Current balance: \$ _____ As of: _____

Current net equity in vehicle: \$ _____

23. **OTHER MISCELLANEOUS PROPERTY (including household furniture, furnishings and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)**

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

Description of asset: _____

Owner: _____

Current value: \$ _____

24. **SAFE DEPOSIT BOXES**

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe deposit box: _____



DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW:

- Prior and present Wills and any Codicils
- Death certificate
- Paid funeral bills
- Trust instruments in which client is grantor, trustee, or beneficiary
- Income tax return (most recent)
- Gift tax returns (all)
- Texas intangible tax return (most recent)
- Financial statements prepared by accountant
- Financial information submitted to lending institutions
- Real and personal property tax bills
- Deeds to property
- Mortgages
- Vehicle titles
- Copies of any bills and creditors' addresses
- Government, municipal, and corporate bonds
- Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- Stockholder or partnership agreements
- Pension and profit-sharing plans and summary of current benefits
- Leases
- Instruments under which client has any interest of power of appointment
- Prenuptial, postnuptial, or separation agreements
- Judgments of dissolution of marriage
- Court orders or agreements under which client is obligated to provide support
- Wills of other family members, if pertinent