

APPLICANT PERSONAL INFORMATION

Have you, Applicant, ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list what the charges were for so we can determine if the Court would allow you to serve as the Executor / Administrator: _____ _____	

Full Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ (home) _____ (mobile)
_____ (work)

Email Address: _____

Date of Birth: _____ Last 3 Digits of SSN: _____

Last 3 digits of DL#: _____

Please check preferred method of contact: Home Cell Work Email

DECEDENT'S PERSONAL INFORMATION

Full Name: _____

Residential Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Death: _____

Last 3 Digits of SSN: _____ ; Last 3 digits of DL#: _____

Other form of ID: _____ Last 3 digits: _____

Death Certificate Yes or No

If No, County of Death: _____

Original Will Yes or No Dated: _____

Original Codicil Yes or No Dated: _____

Original Handwritten Memorandum Yes or No

INFORMATION NEEDED FOR APPLICATION TO PROBATE

Was Decedent ever divorced? If yes, Former Spouse: _____ Date of Marriage: _____ Date of divorce: _____ Former Spouse: _____ Date of Marriage: _____ Date of divorce: _____ Former Spouse: _____ Date of Marriage: _____ Date of divorce: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any children born or adopted by the Decedent after the making of the Will? If yes, Name of Child: _____ Date of Birth/Adoption: _____ Name of Child: _____ Date of Birth/Adoption: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Decedent name the State of Texas, a governmental agency of the State of Texas or a charitable organization as a devisee under the Will? If yes, Name of Organization: _____ Name of Organization: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For Muniment of Title matters only:</i> Did Decedent apply for or receive Medicaid after March 1, 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check if the Decedent had the following assets: <input type="checkbox"/> Real Property <input type="checkbox"/> Cash <input type="checkbox"/> Stocks and Bonds <input type="checkbox"/> Household goods and Personal Effects	

DECEDENT'S CHILDREN

Do any of Decedent's children receive government support of benefits? Please specify which child: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any of Decedent's children adopted by someone else? Please specify which child: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Decedent have children with special educational, medical, or physical needs? Please specify which child: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Decedent ever relinquish parental rights of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Decedent provide primary or other major financial support to adult children? Please specify which child: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

2. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

3. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

4. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

GRANDCHILDREN (IF APPLICABLE)

1. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

2. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

3. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

4. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

Marital Status: Married Divorced Widowed Single

Name of Spouse: _____ Number of Children: _____

BENEFICIARIES LIST IN WILL BUT NOT ALREADY NAMED ABOVE

1. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

2. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

3. Full Name: _____

Gender: Male Female Non-Binary Birth Date: _____

Phone Number: Home Cell _____

Mailing Address: _____

Email Address: _____

List any other potential beneficiaries or heirs of the Estate:

PROFESSIONAL ADVISORS

CPA/Accountant Name: _____

Phone Number: _____

Email Address: _____

Life Insurance Name: _____

Phone Number: _____

Email Address: _____

Corporate / Personal Name: _____

Phone Number: _____

Email Address: _____

“Other” Name & Occupation: _____

Phone Number: _____

Email Address: _____

ASSET INFORMATION

Accounts (check all that apply): *Please provide the monthly statement for each account for the month of Decedent’s date of death*

Checking Savings Money Market Investment Other: _____

Name of Institute: _____

Account Number: _____

Account Type: Individual Transferrable on Death Tenant in Common

Value as of Date of Death: _____

Checking Savings Money Market Investment Other: _____

Name of Institute: _____

Account Number: _____

Account Type: Individual Transferrable on Death Tenant in Common

Value as of Date of Death: _____

Checking Savings Money Market Investment Other: _____

Name of Institute: _____

Account Number: _____

Account Type: Individual Transferrable on Death Tenant in Common

Value as of Date of Death: _____

Checking Savings Money Market Investment Other: _____

Name of Institute: _____

Account Number: _____

Account Type: Individual Transferrable on Death Tenant in Common
Value as of Date of Death: _____

Checking Savings Money Market Investment Other: _____
Name of Institute: _____
Account Number: _____

Account Type: Individual Transferrable on Death Tenant in Common
Value as of Date of Death: _____

Personal Effects

Vehicle – Please provide us with a copy of the title

Year: _____, Make: _____ Model: _____ Color: _____
Mileage at Date of Death: _____
VIN #: _____
Estimated Value: _____

Year: _____, Make: _____ Model: _____ Color: _____
Mileage at Date of Death: _____
VIN #: _____
Estimated Value: _____

Please provide descriptions of any personal effects or collections of personal effects that have significant value:

Retirement, Pension Plans, Annuities (check all that apply and provide recent statements):

IRA'S Profit Sharing Plans SEP Accounts 401K 403B
 HR 10 Plans Pension Plans Annuities

Life Insurance Policy (if applicable)

Name of Company: _____

Account or Policy Number: _____

Value: _____ Beneficiary: _____

Name of Company: _____

Account or Policy Number: _____

Value: _____ Beneficiary: _____

Name of Company: _____

Account or Policy Number: _____

Value: _____ Beneficiary: _____

Please check any additional assets and provide supporting documents:

- Monies Owed
- Business Interest
- Anticipated Inheritance
- Gift
- Cemetery Plots / Deeds
- Lawsuit Judgment
- Oil / Gas / Mineral Interest
 - County: _____, County: _____, County: _____
- Timeshares
- Real Property:
 - Address: _____, County: _____
 - Address: _____, County: _____
 - Address: _____, County: _____

DEBTS AND LIABILITIES

(Please check all that apply and provide detail description and value of debt below):

- | | |
|---|---|
| <input type="checkbox"/> Funeral Expenses | <input type="checkbox"/> Other Medical Debt |
| <input type="checkbox"/> Expenses of Last Illness | <input type="checkbox"/> Delinquent or Unpaid Child Support |
| <input type="checkbox"/> Expenses of Administration | <input type="checkbox"/> Unpaid Taxes |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Medicaid Reimbursements |
| <input type="checkbox"/> Car Loans | <input type="checkbox"/> Credit Cards |

You may not be able to access all of the account information until you are appointed the Executor or Administrator. However, we will need to obtain the documents listed below and you may begin gathering what you can.

- Copy of the Death Certificate
- Complete Copies of Bank Statements that cover Date of Death
- Copy of the Account Agreement or Signature Card for each account
- Copy of the Beneficiary Designation for each account
- Date of Death Value Letter for any investment account or IRA that passes by Beneficiary Designation
- Copy of Death Benefit Letter from Life Insurance Policy
- Copy of Deed to all real property
- Copy of Mineral Lease (if applicable)
- Copy of Vehicle Titles

Please provide any additional information that may be of importance:

COMPLETE ONLY IF REQUESTED BY ATTORNEY:

DISINTERESTED WITNESSES, IF APPLICABLE

(Witnesses will either appear at hearing or sworn testimony will be filed in advance of hearing)

Name: _____ Phone Number: _____

Address: _____

Email Address: _____ Relationship to Deceased: _____

Name: _____ Phone Number: _____

Address: _____

Email Address: _____ Relationship to Deceased: _____

Name: _____ Phone Number: _____

Address: _____

Email Address: _____ Relationship to Deceased: _____