

PROBATE INTAKE FORM
PERSONAL AND CONFIDENTIAL

Please fill out this information to the best of your knowledge and bring with you to your initial meeting. If you have an **original will** and **death certificate**, please bring those with you as well.

CLIENT INFORMATION

Client Name: _____

Name As It Appears On Driver's License:

_____ (First) (Middle) (Last)

Address: _____

Street City County State Zip code

Phone: HM: _____ WK: _____ Email: _____

Relationship to Decedent: _____

Last 4 digits of your Driver's License _____ If not Texas, please indicate which state _____

Your Social Security Number _____

Employer & Address: _____

Date of Birth: _____ Place of Birth: _____

Spouse Full Name: _____

Address: _____

Telephone Number HM: _____ WK: _____

Employer & Address: _____

Relatives Who Will Always Know How To Contact You:

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

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Address: _____

Referred to our office by: _____

DECEDENT INFORMATION

Decedent Name: _____ Decedent Date of Death: _____

Decedent Home Address: _____

Street City County State Zip Code

Address at time of passing if different than above: _____

Street

City County State Zip Code

Age at passing: _____ Social Security Number _____

Last 4 digits of Decedent's Driver's License ____ If not Texas, please indicate which state ____

Did Decedent have a Will? _____ If so, please provide our office with the Original Will.

Date of the Will: _____

Witness names on the Will: _____

If Decedent left a Will and **named the surviving spouse as the beneficiary**, please provide contact information below:

Name	Email Address	Physical Address	Phone Number
1.			

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If Decedent left a Will and **there is not a surviving spouse** then please provide contact information for the beneficiaries with relationship to decedent.

Name/Relationship	Email Address	Physical Address	Phone Number
1.			
2.			
3.			
4.			

Decedent's Property

1. If Decedent owned any **real estate**:

A. _____
Street City State Zip code

Does anyone else own an interest in this property? No/Yes Who: _____

Is there a mortgage on this property? No/Yes Mortgage Company: _____

B. _____
Street City State Zip code

Does anyone else own an interest in this property? No/Yes Who: _____

Is there a mortgage on this property? No/Yes Mortgage Company: _____

2. If Decedent owned any **stocks, bonds, or investment accounts** please provide the last 4 digits of account number approximate value, company, and any named beneficiaries _____

3. If Decedent had any **life insurance policies** please provide the last 4 digits of account number, approximate value, company provider, and any named beneficiaries _____

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4. If Decedent had any **bank accounts** please provide the last 4 digits of account number, approximate value, name of banking institution, and any named beneficiaries _____

5. If Decedent had any **mineral interests**, please provide the address(es) including the county *(if you have any paperwork from the oil & gas companies readily available, please bring that with you as well)* _____
6. If Decedent had any **vehicles** please provide the year, make, model, approximate value, and VIN number _____

7. If Decedent had any NFA registered firearms in the estate? YES: _____ NO: _____
8. Any additional information or assets _____

9. Did Decedent have any debts? _____

10. Decedent's marital history:

Name of Spouse	Date of Marriage	Date of Divorce or Date of Spouse's Death

11. Decedent's Children (list all children that were born to or adopted by decedent):

Name of Child	Date of Birth	Name of Child's other parent	Address	Email and phone number

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1.				
2.				
3.				
4.				

11. Did any of the above listed children predecease the Decedent? If so, please identify their date of death and if they had any children: _____

12. In the event that we might need (2) people who knew the decedent for over 10 years to sign a supporting affidavit agreeing on family history outlined above please provide (2) disinterested people (these people need to be unrelated to the decedent, good options are neighbors, family friends, co-workers etc.)

Name	relationship and how long did they know decedent?	Physical Address	Email and phone number
1.			
2.			

14. Have all funeral expenses been paid? _____

15. Have all medical expenses been paid? _____

18. Did Decedent ever apply for Medicaid benefits after 2005? _____

19. If so, did Decedent ever receive Medicaid benefits after 2005? _____