

PROBATE QUESTIONNAIRE - ESTES LAW OFFICE, P.L.L.C.

The information provided is strictly confidential and is to be used only in connection with legal services that may be provided for you.

Please provide original Will (if available) and copy of death certificate.

DATE: _____

1. How did you hear about Estes Law Office, PLLC? _____

2. Client/Applicant: _____

S.S. No. of Applicant: _____ DL No. of Applicant: _____

Applicant's relationship to Decedent: _____

Mailing Address: _____

Physical Address: _____

Phone Number: Home: _____ Work: _____

Fax: _____ Cell: _____

3. Decedent's full name: _____

Decedent's address: _____

County of Probate: _____

Decedent's Date of Birth: _____

Age of Decedent at time of death: _____

Date Of Death: _____

City/State Of Death: _____

S.S. No. of Decedent: _____ D.L. No. of Decedent: _____

4. Did the Decedent die in 2011 or 2012? If yes, did Decedent have a surviving spouse who is still alive? Yes _____/No _____ (Please check) If yes, then the spouse needs to be given a portability election letter.
5. Was Decedent on Medicaid? Yes _____/No _____ (Please check) If so, did Decedent apply for Medicaid prior to 3/1/05? Yes _____ No _____ (Please check) If yes, then estate recovery doesn't apply. If Decedent applied on or after 3/1/05, then the State of Texas may have an estate recovery claim if no exceptions to ER rule existed, and therefore Muniment of title probate will not be available.
6. If Decedent died on or after 9/1/11, does client want to avoid filing Inventory? Yes _____/No _____ (Please check)
7. Does Decedent's Estate have a claim against anyone or any entity (example: nursing home negligence, medical malpractice, etc.)? Yes _____/No _____ (Please check) If yes, against whom? _____
8. Does the Applicant have a claim against Decedent as of the date of his/her death? Yes _____/No _____ (Please check) If so, must file claim within six (6) months of receiving Letters or claim is barred (Section 355.201).
9. If Letters need to be obtained, has the proposed Executor/Administrator ever been convicted of a felony? Yes _____/No _____ (Please check)
10. Did the Decedent own any guns or firearms? Yes _____/No _____ (Please check) If so, has any beneficiary (1) been convicted of a felony, misdemeanor domestic violence or illegal drug conviction, (2) suffer from mental illness, (3) dishonorably discharged veteran, (4) is a person who has renounced U. S. citizenship and have been denied gun ownership, or (5) do any beneficiaries live out-of-state (restrictions on out-of-state gun transfers)? ***Executor may be criminally liable if weapons are transferred improperly.** Need to know if any weapons are NFA weapons (i.e. machine guns, short barreled rifles, shotguns, deactivated "war trophies")
11. Decedent's Marital Status: Married _____ Divorced _____ Widowed _____ (Please check)

If Decedent was ever divorced, list all divorces (name of ex-spouse, date of divorce, county of divorce, kids by ex-spouse): _____

12. Is there an existing Trust? Yes _____/No _____ (Please check)

13. Did Decedent die testate (with a Will)? Yes _____/No _____ (Please check)

Date of Will: _____

Is Will self-proving? Yes _____/No _____ (Please check)

If not, who will sign Proof by Subscribing Witness?

14. If Decedent died intestate (without a Will), list the following information:

(a) the name, age, marital status and address (if known), and the relationship (if any) of each heir to Decedent:

(b) If known by Applicant, whether children were born to or adopted by Decedent (with name, date of birth, and place of birth of each):

(c) If Decedent is a male, are any of Decedent's children illegitimate (born out of wedlock)? Yes_____/No_____ (Please check) If so, must establish paternity under Sections 201.051 and 201.052.

15. Are any of Decedent's beneficiaries/heirs on government benefits (e.g., Medicaid)? Yes_____/No_____ (Please check) If so, may need to do Medicaid planning to avoid that person being kicked off of govt benefits.

16. List Real Property, Personal Property, Insurance, Stocks, Bonds, & Other Assets of Decedent's Estate on Date of Decedent's Death: _____

IF REAL PROPERTY EXISTS, NEED COPIES OF DEEDS.

17. List all known debts of Decedent (summary): _____

18. Did Decedent die on or after 9/1/07? Yes_____/No_____ (Please check)
If yes, are we filing a probate of a Will for issuance of Letters Testamentary?
Yes_____/No_____ (Please check) If yes, then Texas Estates Code requires notice to all beneficiaries named in the Will.

List the names, addresses, and phone numbers of all beneficiaries named in the Will (this requirement does not apply to intestate estates or to probates as a muniment of title):

FOR ATTORNEY USE ONLY:

OTHER SIGNIFICANT FACTS - ATTORNEY NOTES, ETC. _____

RECOMMENDED PROBATE:	MUNIMENT OF TITLE (NO DEBTS)	_____
	LETTERS TESTAMENTARY	_____
	INDEPENDENT ADMINISTRATION	_____
	DEPENDENT ADMINISTRATION	_____
	OTHER	_____