

PROBATE QUESTIONNAIRE

Thank you for your interest in our firm. This Questionnaire will allow us to begin the probate process, and requests the basic information necessary for every estate. There may be additional information and documents that we will need as the process progresses. This completed form may be emailed, faxed or mailed.

CLIENT INFORMATION

Name:	
Address:	
Phone:	
Email:	
SSN (last 3 digits):	
TDL (last 3 digits):	

DECEDENT INFORMATION

Full Name:	
SSN:	
Date of Birth:	
Date of Death:	
Age at Death:	
Residence -	
Street:	
City/St/Zip	
Place of death -	
Street:	
City/St/Zip	
Marital Status:	

WILL INFORMATION (IF APPLICABLE)

Execution Date:	
Executor Name:	
Executor Info:	
Street address:	
City/St/Zip:	
Email:	
Phone:	
SSN:	
TDL:	
Co-Executor?	If so, please provide the same information for each Co-executor
Witness 1 Name:	
Witness 2 Name:	
Codicils:	
Does will provide for a gift to charity, the State of Texas, or a governmental agency of the State of Texas?	
Were any of the children born or adopted after the date of execution of will?	
Did the Decedent receive Medicaid benefits?	

DECEDENT’S FAMILY:

Surviving Spouse (if any)	
Name:	
Street address:	
City/St/Zip:	
Email:	
Phone:	
Child One (if any)	
Name:	
Date of Birth:	
Street address:	
City/St/Zip:	
Email:	
Phone:	
Child Two (if any)	
Name:	
Date of Birth:	
Street address:	
City/St/Zip:	

