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ESTATE PLANNING & PROBATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

PROBATE QUESTIONNAIRE

In response to your contact with our office regarding handling the settlement of an Estate, enclosed herein please find a questionnaire for you to complete in preparation for your appointment.

Because of the Texas community property law, if the deceased was married at the time of death, then the asset information should include all assets, even if solely in the name of the surviving spouse.

All values should be the fair market value of such asset as of the date of death of the deceased.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional manner. If there is other information that we need, we will cover that at our initial office conference.

You will need to bring the following documents with you, if available:

1. Original Will;
2. Certified Death Certificate;
3. Copy of Warranty Deeds on all real estate;
4. Copy of any Promissory Notes or Deeds of Trust on real estate;
5. Copy of statements on tax deferred accounts (401K, IRA, etc.);
6. Copy of current brokerage account statements;
7. Copy of current mutual fund statements;
8. Copy of any stock certificates or other dividend reinvestment plan;
9. Copy of current bank statements for all accounts;
10. Copy of titles to any vehicles; and
11. Addresses of all persons who are receiving assets through the Will.

We appreciate the opportunity to be of service to you in this matter.

LEACH FOX LAW PROBATE
QUESTIONNAIRE

Date: _____

Name of
Executor/Applicant: _____

SS#: _____

Address: _____

State/DL#: _____

Hm Ph #: _____

Wk Ph#: _____

Relationship to deceased: _____

Cell Ph #: _____

E-mail: _____

Name of Deceased: _____

SS#: _____

State/DL#: _____

Date of death: _____

City where
death occurred: _____

Residence at death: _____

Age: _____

Left Will dated: _____

Date of birth: _____

Year became Texas resident: _____

U.S. Citizen: Y/N

Marital status at death: _____

Marital history:	Name of spouse:	Date married:	Date marriage ended:	Marriage ended by divorce or death?:
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Was the Deceased ever on Medicaid? Y / N

L:\admin.\probatequestionnaire (rev. 1/19)

CHILDREN:

1. Name: _____	Child by Previous Marriage?	Date of Birth	Gender
Address: _____			
_____	Y/N	_____	M / F
2. Name: _____	Child by Previous Marriage?	Date of Birth	Gender
Address: _____			
_____	Y/N	_____	M / F
3. Name: _____	Child by Previous Marriage?	Date of Birth	Gender
Address: _____			
_____	Y/N	_____	M / F
4. Name: _____	Child by Previous Marriage?	Date of Birth	Gender
Address: _____			
_____	Y/N	_____	M / F
5. Name: _____	Child by Previous Marriage?	Date of Birth	Gender
Address: _____			
_____	Y/N	_____	M / F

HEIRS (OTHER THAN CHILDREN)

1. Name: _____
Address: _____

Gender - M / F

2. Name: _____
Address: _____

Gender - M / F

3. Name: _____
Address: _____

Gender - M / F

4. Name: _____
Address: _____

Gender - M / F

5. Name: _____
Address: _____

Gender - M / F

ASSET INFORMATION

Real Estate:

	Address:	Mortgage balance:	Ownership on Warranty Deed:	Current Value:
1.	_____	\$ _____	_____	\$ _____

2.	_____	\$ _____	_____	\$ _____

3.	_____	\$ _____	_____	\$ _____

Life Insurance on LIFE OF DECEASED:

	Insurance Company:	Type (term, whole life, universal or variable):	Beneficiary:	Cash Value:	Death Benefit:
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____

Life Insurance on LIFE OF SURVIVING SPOUSE:

	Insurance Company:	Type (term, whole life, universal or variable):	Beneficiary:	Cash Value:	Death Benefit:
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____

Tax Deferred Assets in the NAME OF DECEASED:

	401K or IRA and Name of Company:	Primary Beneficiary:	Current Value:
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Tax Deferred Assets in the NAME OF SURVIVING SPOUSE:

	401K or IRA and Name of Company:	Primary Beneficiary:	Current Value:
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Brokerage Accounts:

	Name of Brokerage Co.:	Acct. #:	Name shown on Account:	Advisor & Phone #:	Value at Date of Death:
1.	_____	_____	_____	_____	\$ _____
				Ph.# _____	
2.	_____	_____	_____	_____	\$ _____
				Ph.# _____	
3.	_____	_____	_____	_____	\$ _____
				Ph.# _____	

Mutual Funds and Annuities:

	Name of Fund:	Acct. #:	Name shown on Account:	Value at Date of Death:
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____

Stocks & Bonds (held outside of brokerage account):

	Name of Company:	Number of Shares or Amount of Bond:	Name shown on Certificate:	Value at Date of Death:
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____

U.S. Savings Bonds:

Number of bonds: _____ Face Value: \$ _____ Series: _____

Name shown on bond: _____

Bank Accounts:

	Name of Bank:	Acct. #:	Acct. type (CD, checking, savings):	Name on Account:	Value at Date of Death:
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____
6.	_____	_____	_____	_____	\$ _____
7.	_____	_____	_____	_____	\$ _____
8.	_____	_____	_____	_____	\$ _____

Vehicles:

	Year:	Make:	VIN:	Name on Title:	Value:
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Businesses:

	Name of Business	Type (corp., partnership, sole proprietorship)	Percentage of Ownership:	Current buy-sell agreement?
1.	_____	_____	_____ %	Yes or No
2.	_____	_____	_____ %	Yes or No

Tangible Personal Property:

Approximate value of household furnishings and personal belongings: \$ _____
(Based on value if sold)

GIFTS:

History of Gifts: (1) List all gifts made in excess of the annual gift exclusion (\$13,000.00 in 2010); and (2) list any transfers of life insurance ownership to other persons:

Date of Gift	Donor	Donee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have either of you ever filed a gift tax return? **Y / N**

	Year	Return Attached?
If yes, list years, and attach copies of all return.	_____	Y / N
	_____	Y / N
	_____	Y / N

Other Property:

Debts:

