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PROBATE INFORMATION WORKSHEET
 (To be used if the Decedent had a Will)

Please fill out the following questions as completely as you can and return this questionnaire and any responsive documents to the Firm.

Who referred you to our firm? _____

PART I - PERSONAL DATA

1. DECEDENT:

Name:	Alias names (if any):
Address:	
Date of Birth:	Date of Death:
Place of Birth:	Place of Death:
Date of Will (if any):	Date of Codicil(s) to will (if any):
Location of Will:	Location of Codicils:
U.S. Citizen? Yes: _____ No: _____	Social Security No.:
If naturalized US citizen, date and place of naturalization:	Driver's license number & state:

IMPORTANT: Did Decedent receive any Medicaid benefits? Yes _____ No _____

2. YOU:

Name:	Relationship to decedent:
Address:	
Date of Birth:	Cell telephone:
Social Security Number:	Work telephone:
Driver's license #:	Home/Other telephone:
State issuing driver's license:	Email:
Do you have a felony conviction? Yes: _____ No: _____	
If yes, have you been pardoned or had your civil rights restored? Yes: _____ No: _____	
If you are married, what is your spouse's name?	

3. Are you the Executor named in the will? Yes: _____ No: _____

4. If not, who is named? _____

Briefly describe why you are serving instead of the person named in the will. Also, if someone was named in the Decedent's will to serve as Executor prior to you or with

you and is not serving, please explain why:

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5. CO-EXECUTOR: If there is a Co-Executor named in the will, please complete:

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Cell telephone:	
Social Security Number:		Work telephone:	
Driver's license #:		Home/Other telephone:	
State issuing driver's license:		Email:	
Do you have a felony conviction? Yes: _____ No: _____			
If yes, have you been pardoned or had your civil rights restored? Yes: _____ No: _____			
If you are married, what is your spouse's name?			

**6. Do you know the witnesses who signed the Will or Codicil? Yes ____ No _____
If the witnesses' addresses are not in the Will or Codicil, please provide their addresses (if possible):**

Witness 1 & address: _____

Witness 2 & address: _____

PART II - BENEFICIARIES or HEIRS AT LAW

7. Decedent's Spouse or Domestic Partner:

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Cell telephone:	
Social Security Number:		Work telephone:	
Date of marriage:		Home/Other telephone:	
Place of marriage:		Email:	
Status of spouse: Living: _____ Deceased: _____ Under Conservatorship _____			
If deceased, was spouse's Will probated? Yes: _____ No: _____			
If yes, date Will was probated:		County where probated:	

8. Decedent's Children: (If needed continue on back of this form)

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Currently living: _____ or deceased: _____	
Age:		Other parent's name:	
Email address:		Phone:	

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Currently living: _____ or deceased: _____	
Age:		Other parent's name:	
Email address:		Phone:	

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Currently living: _____ or deceased: _____	
Age:		Other parent's name:	
Email address:		Phone:	

Name:		Relationship to decedent:	
Address:			
Date of Birth:		Currently living: _____ or deceased: _____	
Age:		Other parent's name:	
Email address:		Phone:	

9. Were any children born or adopted after the date of the decedent's will?

Yes ____ No ____ If yes, name of child(ren): _____

10. If any of Decedent's children are deceased, please list such deceased child's children:

Name:	Age:	Birthdate:	Names of parents:

11. If Decedent had no children, please list the names of decedent's parents and siblings and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living	Residence:

12. Decedent's Other Dependents (if any):

Name:	Age:	Residence:

13. Please provide the following information regarding decedent's former marriages, if applicable:

Name of former spouse:	Living: Yes _____ No _____
Marriage ended by: Death _____ Divorce _____	
Date marriage ended:	Place marriage ended:

Name of former spouse:	Living: Yes _____ No _____
Marriage ended by: Death _____ Divorce _____	
Date marriage ended:	Place marriage ended:

PART III - ASSETS

Describe Decedent's property. If known, indicate whether the property is separate property, the surviving spouse's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known. **Please list the value of each asset below at the time of the decedent's death, and if different, the current value. If you do not have enough room, please continue on another sheet.**

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:

(Include cash, traveler's checks, money orders, and accounts commercial banks, savings banks, credit unions, etc.)

Cash:

Cash on hand: Current amount \$ _____	As of decedent's death: \$ _____
Traveler's checks: Current amount \$ _____	As of decedent's death: \$ _____

Money orders:	Current amount \$ _____	As of decedent's death: \$ _____
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Accounts:

Name of financial institution:	
Account title:	Account number:
Current account balance: \$ _____	Balance at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
POD or beneficiary designation? Yes ___ No ___	Beneficiary name:

Name of financial institution:	
Account title:	Account number:
Current account balance: \$ _____	Balance at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
POD or beneficiary designation? Yes ___ No ___	Beneficiary name:

Name of financial institution:	
Account title:	Account number:
Current account balance: \$ _____	Balance at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
POD or beneficiary designation? Yes ___ No ___	Beneficiary name:

Name of financial institution:	
Account title:	Account number:
Current account balance: \$ _____	Balance at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
POD or beneficiary designation? Yes ___ No ___	Beneficiary name:

SAFE DEPOSIT BOXES:

Name of depository:	Box number:
Names of persons with access to contents:	
Items in safe-deposit box:	

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund:	
Account title:	Account number:
Value (as of _____): \$ _____	Value at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
Beneficiary designation? Yes ___ No ___	Beneficiary name:

Name of brokerage firm/mutual fund:	
Account title:	Account number:
Value (as of _____): \$ _____	Value at decedent's death: \$ _____
Type of account: Checking ___ Savings ___ Money Market ___ CD ___ Other _____	
Name(s) on account:	
Beneficiary designation? Yes ___ No ___	Beneficiary name:

STOCKS, BONDS & OTHER SECURITIES:

(Include securities **not** in a brokerage account, mutual fund, or retirement fund.)

Name of security:	
Number of shares:	Certificate #s:
Type of shares: Common stock ___ Preferred stock ___ Bond ___ Other _____	
Value (as of _____): \$ _____	Value at decedent's death: \$ _____
Listed on which exchange:	
Person in possession of asset:	

RETIREMENT BENEFITS:

(Including defined contribution plans, defined benefit plans, IRA's, SEP's, KEOGH's, nonqualified plans and government benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan:	
Name & address of plan administrator:	
Employee:	Employer:
Starting date of creditable service: _____	Percent vested: _____ %
Account title:	Account number:
Current balance: \$ _____	Balance at decedent's death: \$ _____
Payee of survivor benefits:	

Designated beneficiary:

Name of plan:	
Name & address of plan administrator:	
Employee:	Employer:
Starting date of creditable service: _____	Percent vested: _____ %
Account title:	Account number:
Current balance: \$ _____	Balance at decedent's death: \$ _____
Payee of survivor benefits:	
Designated beneficiary:	

LIFE INSURANCE:

Name of insurance company:	
Policy number:	Date of issue:
Name of owner:	Name of insured:
Type of insurance: Term _____ Whole _____ Universal _____	
Face amount: \$ _____	Cash surrender value: \$ _____
Designated beneficiary:	

Name of insurance company:	
Policy number:	Date of issue:
Name of owner:	Name of insured:
Type of insurance: Term _____ Whole _____ Universal _____	
Face amount: \$ _____	Cash surrender value: \$ _____
Designated beneficiary:	

ANNUITIES:

Name of annuity company:	
Policy number:	Date of issue:
Name of owner:	Name of annuitant:
Type of annuity:	
Face amount: \$ _____	Amount of premiums: \$ _____
Designated beneficiary:	
Value (as of _____): \$ _____	Value at decedent's death: \$ _____

REAL ESTATE:

(Include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares. Copies of legal descriptions can be attached to this worksheet.)

Property address:		County:
Current fair market value: \$ _____ as of _____ (date)		
Fair market value as of date of decedent's death: \$ _____		
Name of mortgage company (if any):		
Balance of mortgage: \$ _____	Other liens against property: \$ _____	
Current net equity in property: \$ _____		
Is there a Lease?: Yes ___ No ___	Name(s) on deed:	

Property address:		County:
Current fair market value: \$ _____ as of _____ (date)		
Fair market value as of date of decedent's death: \$ _____		
Name of mortgage company (if any):		
Balance of mortgage: \$ _____	Other liens against property: \$ _____	
Current net equity in property: \$ _____		
Is there a Lease?: Yes ___ No ___	Name(s) on deed:	

MINERAL INTERESTS:

(Include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells.)

Name of mineral interest/lease/well:	
County of location:	State:
Name of producer/operator:	
Fair market value as of date of decedent's death: \$ _____	
Current value: \$ _____ as of _____ (date)	
In whose name is property held?:	

CLOSELY HELD BUSINESS INTERESTS:

(Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities.)

Name of business:	
Address:	
Type of business organization:	
Percentage of ownership:	Number of shares owned (if applicable):
Type of shares: Common stock ____ Preferred stock ____ Bond ____ Other _____	
Value (as of _____): \$ _____	Value at decedent's death: \$ _____
Other owners' names (if applicable):	

BUSINESS PERSONAL PROPERTY

(i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.

(including mobile homes, trailers, and recreational vehicles)

Year:	Make:	Model:
Name on title:	In possession of:	
VIN number:	Name of creditor (if any):	
Current balance of loan (as of _____): \$ _____		
Face amount: \$ _____	Amount of premiums: \$ _____	
Current net equity in vehicle: \$ _____	Equity in vehicle at decedent's death: \$ _____	

Year:	Make:	Model:
Name on title:	In possession of:	
VIN number:	Name of creditor (if any):	
Current balance of loan (as of _____): \$ _____		
Face amount: \$ _____	Amount of premiums: \$ _____	
Current net equity in vehicle: \$ _____	Equity in vehicle at decedent's death: \$ _____	

Year:	Make:	Model:
Name on title:	In possession of:	
VIN number:	Name of creditor (if any):	
Current balance of loan (as of _____): \$ _____		
Face amount: \$ _____	Amount of premiums: \$ _____	
Current net equity in vehicle: \$ _____	Equity in vehicle at decedent's death: \$ _____	

OTHER MISCELLANEOUS PROPERTY:

(Including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of asset:	
Name of owner:	
Current value: \$ _____	Value at decedent's death: \$ _____

Description of asset:	
Name of owner:	
Current value: \$ _____	Value at decedent's death: \$ _____

PART IV - DEBTS

Please list all debts of Decedent:

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

Creditor:	
Amount of debt:	Account Number, if any:
Describe debt:	

DOCUMENTS TO RETURN TO FIRM

Please put a “√” or “X” next to the description of any documents you are returning with this questionnaire. Please put “N/A” or “None” if there are no documents for a category.

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Death certificate
- _____ 3. Paid funeral bills
- _____ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 5. Income tax return (most recent)
- _____ 6. Gift tax returns (all)
- _____ 7. Texas intangible tax return (most recent)
- _____ 8. Financial statements prepared by accountant
- _____ 9. Real and personal property tax bills
- _____ 10. Deeds to property
- _____ 11. Mortgages
- _____ 12. Vehicle titles (or note holder information)
- _____ 13. Copies of any bills and creditors' addresses
- _____ 14. Government, municipal, and corporate bonds
- _____ 15. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 16. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 17. Stockholder or partnership agreements
- _____ 18. Pension and profit-sharing plans and summary of current benefits
- _____ 19. Leases
- _____ 20. Instruments under which client has any interest or power of appointment
- _____ 21. Prenuptial, postnuptial, or separation agreements
- _____ 22. Judgments of dissolution of marriage
- _____ 23. Court orders or agreements under which client is obligated to provide support
- _____ 24. Wills of other family members, if pertinent