PETROSEWICZ
LAW FIRM, P.C.
PROTECTING OUR CLIENTS AND THEIR LEGACY SINCE 1991
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PROBATE QUESTIONNAIRE

(*Please Print*)

Probate is defined as the legal process wherein the estate of a Decedent is distributed to the Decedent's beneficiaries.

1 ITEMS NEEDED TO BEGIN PROBATE PROCESS

	1.	Original Last Will and Testament with any Codicils, Memorandums for Disposition of Personal Property or Trusts created by or for the benefit of the Decedent or Decedent's spouse.
	2.	Death Certificate
	3.	Completed Probate Questionnaire
	4.	Retainer (To Be Determined At Initial Meeting)

2 DECEDENT

Decedent's Full Name								
Also Known As (if applicable)								
Address at Time of Death								
City			State					
Zip			County					
Date of Birth		Date of Death			Age at Death			
City of Death		County of Death						
Soc Sec #			U.S. Citizen	YES	☐	NO	☐	
TDL#								
Year Moved to Texas								

3 DECEDENT'S MARITAL STATUS AT THE TIME OF DEATH

☐ **Single (Never Married)**	

☐ **MARRIED**	Surviving Spouse's Full Name		
Date of Marriage		City/State of Marriage	
Soc. Sec. No.		Date of Birth	

☐ **DIVORCED**	Previous Spouse's Full Name		
Date of Marriage		City/State of Marriage	
Date of Divorce		City/State of Divorce	

☐ **DIVORCED #2**	Previous Spouse's Full Name		
Date of Marriage		City/State of Marriage	
Date of Divorce		City/State of Divorce	

☐ **WIDOWED**	Deceased Spouse's Full Name				
Date of Marriage			City/State of Marriage		
Soc. Sec. No.		Date of Birth		Date of Death	

4 EXECUTOR(s)

EXECUTOR # 1 (Full Name)					
Relationship to Decedent		Email Address			
Home Address					
City		State		Zip	
County		Home #			
Cell #		Work #			
Soc Sec #		TDL #			

EXECUTOR # 2 (Full Name)					
Relationship to Decedent		Email Address			
Home Address					
City		State		Zip	
County		Home #			
Cell #		Work #			
Soc Sec #		TDL #			

5 CHILDREN

If Decedent had more than 3 children, please attach a page with their information.

NOTE: Deceased children must also be listed. Please include their name followed by "Deceased", provide their date of death and the names of their children, if any.

CHILD #1 Full Name							
Select One	☐	Born to Decedent	☐	Adopted by Decedent	☐	Stepchild of Decedent	
Home Address							
City			State		Zip		
County			Email Address				
Home #			Cell #				
Soc Sec #			Date of Birth				

CHILD #2 Full Name							
Select One	☐	Born to Decedent	☐	Adopted by Decedent	☐	Stepchild of Decedent	
Home Address							
City			State		Zip		
County			Email Address				
Home #			Cell #				
Soc Sec #			Date of Birth				

CHILD #3 Full Name	Child 3						
Select One	☐	Born to Decedent	☐	Adopted by Decedent	☐	Stepchild of Decedent	
Home Address							
City			State		Zip		
County			Email Address				
Home #			Cell #				
Soc Sec #			Date of Birth				

6 BENEFICIARIES

If the beneficiaries are the same as the children, this section can be left blank.

NOTE: Deceased beneficiaries must be included. Please include their name followed by "Deceased" and provide their date of death.

If Decedent had more than 3 beneficiaries, please attach a page with their information.

BENEFICIARY # 1 Full Name			Date of Birth	
Relationship to Decedent			Soc Sec #	
Home Address				
City		State		Zip
County		Email Address		

Home #		Cell #	

BENEFICIARY # 2 Full Name				Date of Birth	
Relationship to Decedent				Soc Sec #	
Home Address					
City		State		Zip	
County		Email Address			
Home #		Cell #			

If Decedent's Will provides benefits to charitable institutions, please furnish name of charity, address, phone number, Employer Identification number, name of contact person for each of those institutions:

7 SUMMARY OF ASSETS

Please list the DATE OF DEATH VALUE for the asset ONLY ONCE under the appropriate column.

ASSETS		Community Property	Decedent's Separate Property	Surviving Spouse's Separate Property
Cash / Liquid Assets (Cash, Checking, Savings, CD)	$			
Investment Accounts (Stocks, Bonds, Mutual Funds)	$			
Annuity	$			
Retirement Accounts (IRA, 401(k), Thrift, SEP, Pension)	$			
Life Insurance	$			
Notes Receivable	$			
Real Estate	$			
Oil and Gas Interests	$			
Corporate Business Interests	$			
Farm and Ranch Interests	$			
Vehicles (Motor Vehicles, Boats, Airplanes, Cycles, etc)	$			
Personal Effects (Jewelry, etc)	$			
Other Assets	$			
_____	$			
_____	$			
_____	$			
_____	$			
TOTAL ASSETS	$			

8 DETAIL OF ASSETS

CASH / LIQUID ASSETS

Cash on hand:	$		Traveler's checks:	$	
Money orders:	$		Other	$	

BANK ACCOUNTS

Please attach copies of statements for month of death and month after death.

Type of Account ☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ Other
Name of Financial Institution ______________________ Account # ______________
Account Owner(s) ______________________________________
Account Balance on Date of Death $ ______________________________

Type of Account ☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ Other
Name of Financial Institution ______________________ Account # ______________
Account Owner(s) ______________________________________
Account Balance on Date of Death $ ______________________________

Type of Account ☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ Other
Name of Financial Institution ______________________ Account # ______________
Account Owner(s) ______________________________________
Account Balance on Date of Death $ ______________________________

Type of Account ☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ Other
Name of Financial Institution ______________________ Account # ______________
Account Owner(s) ______________________________________
Account Balance on Date of Death $ ______________________________

Type of Account ☐ Checking ☐ Savings ☐ Money Market ☐ CD ☐ Other
Name of Financial Institution ______________________ Account # ______________
Account Owner(s) ______________________________________
Account Balance on Date of Death $ ______________________________

INVESTMENT ACCOUNTS

Accounts such as Stocks, Bonds, Mutual Funds and accounts that are NOT retirement accounts
Please attach copies of statements for month of death and month after death.

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death $ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death $ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death $ _____

Name of Financial Institution _____ Account # _____
Account Owner(s) _____
Account Balance on Date of Death $ _____

ANNUITIES

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____

Face Value $ _____ Date of Death Value $ _____

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____

Face Value $ _____ Date of Death Value $ _____

Name of Company _____ Account # _____
Account Owner(s) _____
Name of Annuitant: _____
Designated Beneficiary _____

Face Value $ ____________ Date of Death Value $ ____________

RETIREMENT ACCOUNTS

Accounts such as Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, ROTH IRA's, KEOGH's, Nonqualified Plans and Government Benefits such as Civil Service, Teacher, Railroad, State and Local, etc. Please attach copies of statements for month of death and month after death.

Name of Financial Institution ____________
Type of Plan ____________ Account # ____________
Account Owner(s) ____________
Designated Beneficiary ____________
Payee of Survivor Benefits (if applicable) ____________
Date of Death Value $ ____________

Name of Financial Institution ____________
Type of Plan ____________ Account # ____________
Account Owner(s) ____________
Designated Beneficiary ____________
Payee of Survivor Benefits (if applicable) ____________
Date of Death Value $ ____________

Name of Financial Institution ____________
Type of Plan ____________ Account # ____________
Account Owner(s) ____________
Designated Beneficiary ____________
Payee of Survivor Benefits (if applicable) ____________
Date of Death Value $ ____________

Name of Financial Institution ____________
Type of Plan ____________ Account # ____________
Account Owner(s) ____________
Designated Beneficiary ____________
Payee of Survivor Benefits (if applicable) ____________
Date of Death Value $ ____________

LIFE INSURANCE POLICIES

For policies insuring Decedent, please include Form 712 received from life insurance company.

Name of Insurance Company ______________________
Name of Policy Owner ______________________ Policy # ____________
Name of Insured ______________________
Designated Beneficiary ______________________
Date Policy Issued ______________________
Type of Insurance ☐ Term ☐ Whole ☐ Universal
Face Value $ ____________ Cash Surrender Value as of Date of Death $ ____________

Name of Insurance Company ______________________
Name of Policy Owner ______________________ Policy # ____________
Name of Insured ______________________
Designated Beneficiary ______________________
Date Policy Issued ______________________
Type of Insurance ☐ Term ☐ Whole ☐ Universal
Face Value $ ____________ Cash Surrender Value as of Date of Death $ ____________

Name of Insurance Company ______________________
Name of Policy Owner ______________________ Policy # ____________
Name of Insured ______________________
Designated Beneficiary ______________________
Date Policy Issued ______________________
Type of Insurance ☐ Term ☐ Whole ☐ Universal
Face Value $ ____________ Cash Surrender Value as of Date of Death $ ____________

ACCOUNTS / NOTES RECEIVABLE

Name of Debtor	Date of Note	Date Note Due	Owed To:	Current Balance Owed

REAL ESTATE

Please attach the full legal description for each piece of real estate. This can be obtained from the deed.

Please also include a detailed description of any mobile (manufactured) home.

General Legal Description of Property _____

Address of Property _____

Owner(s)* _____

Type of Ownership (If two or more names on deed or contract) ☐ Joint Tenancy ☐ Tenancy in Common ☐ Unknown

Fair Market Value $ _____ Basis ** $ _____

Name of Mortgage Company _____ Balance of Mortgage $ 0

Liens Against Property _____

General Legal Description of Property _____

Address of Property _____

Owner(s)* _____

Type of Ownership (If two or more names on deed or contract) ☐ Joint Tenancy ☐ Tenancy in Common ☐ Unknown

Fair Market Value $ _____ Basis ** $ _____

Name of Mortgage Company _____ Balance of Mortgage $ _____

Liens Against Property _____

General Legal Description of Property _____

Address of Property _____

Owner(s)* _____

Type of Ownership (If two or more names on deed or contract) ☐ Joint Tenancy ☐ Tenancy in Common ☐ Unknown

Fair Market Value $ _____ Basis ** $ _____

Name of Mortgage Company _____ Balance of Mortgage $ _____

Liens Against Property _____

* If property owned either Joint Tenancy or Tenancy in Common with someone other than spouse, please furnish their name and relationship.

** Basis is price you paid for property plus any improvements you have made, less any depreciation you have taken on your tax returns.

OIL AND GAS

Description (Lease, Overriding Royalty, Fee Mineral Estate, Working Interest, Pooling Agreement, etc.)	Owner	Value

CORPORATE BUSINESS INTERESTS

Company / LLC / Partnership	Buy/Sell Agreement in Existence?	Number of Shares	Ownership %	Owner(s)	Value

FARM AND RANCH

Description (Livestock, Machinery, Leases, etc)	Owner(s)	Value

VEHICLES

Such as Motor Vehicles, Boats, Airplanes, Cycles, Trailers, Travel Trailers, and Recreational Vehicles

Name on Title ______________________
Year __________ Make __________ Model __________
Vehicle identification # __________ Mileage __________
Name of Creditor (if loan against vehicle) __________ Balance Owed to Creditor __________

Name on Title ______________________
Year __________ Make __________ Model __________
Vehicle identification # __________ Mileage __________
Name of Creditor (if loan against vehicle) __________ Balance Owed to Creditor __________

Name on Title ______________________
Year __________ Make __________ Model __________
Vehicle identification # __________ Mileage __________
Name of Creditor (if loan against vehicle) __________ Balance Owed to Creditor __________

Name on Title ______________________
Year __________ Make __________ Model __________
Vehicle identification # __________ Mileage __________
Name of Creditor (if loan against vehicle) __________ Balance Owed to Creditor __________

Name on Title ______________________
Year __________ Make __________ Model __________
Vehicle identification # __________ Mileage __________
Name of Creditor (if loan against vehicle) __________ Balance Owed to Creditor __________

PERSONAL EFFECTS and OTHER ASSETS

General description of all other property owned by the Decedent or Decedent's spouse, including jewelry, household goods and personal effects if you estimate the probable total value of such effects to be less than $5,000.

If more than $5,000, please list those items having a value of $1,000 or more. Do not reduce any amounts by any community interest you may claim in such property.

Description (Furniture, Jewelry, Collectibles or Other Personal Assets of More Than Nominal Value)	Owner	Value
	TOTAL	0

9 LIABILITIES / DEBTS

List of debts owed by the Decedent on the date of Decedent's death, including expenses of last illness not covered by any insurance.

Creditor Name	Nature of Debt	Amount of Debt
	TOTAL	0

10 OTHER

Were there any Judgments payable to Decedent? If so, please provide documentation.
Was the Decedent a plaintiff in any active lawsuits at the time of death? If so, please provide documentation.
Did the Decedent receive any Medicaid benefits on or after March 1, 2005?
Did the Decedent maintain a safe deposit box(es)? If so, what are the names of all other persons having access to the box(es) and where are the box(es) located?

11 TOP 10 PROBATE THINGS TO KNOW

1. **Without an original Will, there is a strong possibility that a Will may not be honored in court.**
2. **Wills do not automatically pass assets to a beneficiary.**
3. **Just because there are two names on a deed does not mean that upon the first to die, the survivor will own the entirety of the property.**
4. **Assets that have beneficiary designations are not subject to the probate process.**
5. **Assets with beneficiary designations supersede the provisions in a Will.**
6. **Inherited assets (except IRAS and other income tax deferred accounts) pass income tax free.**
7. **The Basis (amount asset is purchased for) is changed to the fair market value of the asset as of the date of the Decedent's death.**
8. **The role of the Executor is very important. Assets should not be distributed without coordinating with the attorney.**
9. **If a Decedent was over 72 at the time of death and had an IRA, the annual minimum distribution for the year in which he/she died must be withdrawn in the year of death.**
10. **A person's social security number expires upon their death as does their power of attorney.**

12 AFFIRMATION

The undersigned hereby states and affirms that the information contained in this Confidential Probate Questionnaire is an accurate and complete record of all assets, liabilities and account information to the best of their knowledge, and that the Petrosewicz Law Firm, P.C. ("the Firm") will be relying on this information in its preparation and counseling regarding the probate proceedings of the Decedent if the undersigned becomes a Client of the Firm. If the undersigned becomes a Client of the Firm, any information that would render this information inaccurate or incomplete will be provided to the Firm in writing within ten (10) days of the date the undersigned becomes aware of the inaccuracy or incompleteness of it. No attorney-client relationship has or will be established until an Engagement Letter has been executed.

Printed Name _____ **Printed Name** _____

Signature _____ **Signature** _____

Date: _____ **Date:** _____

Did anyone refer you? Yes ☐ No ☐ If yes, whom: _____

FOR OFFICE USE ONLY

Type of Probate: _____ Letters Test ____ Letters of Admin _____ Muniment _____ Small Estate Aff.

Taxable: _____ Taxable Estate ____ Nontaxable Estate

Retainer: $_____