



21815 Oak Park Trails Drive Katy TX 77450
Tel: 281-646-0644 Fax: 281-676-3758

Date: _____

Client Information Form (Probate)

First Name _____ Middle Name _____ Family Name _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Relationship to Decedent _____

Have you ever been convicted of a felony? _____

If yes, please explain _____

Have you ever been convicted of a misdemeanor other than a minor traffic violation? _____

If yes, please explain _____

DECEDENT INFORMATION:

First Name _____ Middle Name _____ Family Name _____

Date of Birth _____ Birthplace _____ SSN# _____

Date of Death _____ Place of Death _____ County of Death _____

Street Address _____

City _____ State _____ Zip _____ County _____

Marital Status of Decedent (Married, Single, Divorced, Widowed?) _____

Name of Spouse _____

Date of Marriage _____ Date of Divorce/Death of Spouse _____

Did the Decedent ever give up a child to adoption? _____

How many children did the Decedent have? _____

Please provide the names and contact information of each child of the Decedent below:

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Name _____ Date of Birth _____

Address _____

Telephone _____ Email Address _____

Name of other parent _____

Did Decedent have a Last Will and Testament? _____

If yes, who is listed as executor? _____

Is a charity or the State of Texas a devisee under the Will? _____

If yes, list charity _____

Do you anticipate anyone contesting the terms of Decedent's Last Will and Testament? _____

If yes, who and why? _____

Is there any previous or pending litigation regarding Decedent's estate? _____

Cause No. _____ County _____ Court _____

Date Initiated _____ Pending Hearing Date _____

Subject of litigation _____

If litigation is closed, what was the result? _____

What assets did Decedent own at time of death (real property, vehicles, bank accounts, etc)?

Did Decedent own any real property out of state? _____

If yes, list address _____

Estimated value of Decedent's assets _____

Did Decedent die with any debts, exclusive of any debts secured by a real estate lien? _____

(Please list any debts you are aware of below)

Did Decedent apply for and receive Medicaid benefits on or after March 1, 2005? _____

HOW DID YOU HEAR ABOUT OUR PRACTICE?

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)
