



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)?

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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)

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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)

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