

MEREDITH | PC

Estate Planning and Probate Law Firm

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Board Certified - Estate Planning & Probate Law
Texas Board of Legal Specialization

PROBATE WORKSHEET

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

DECEDENT'S PERSONAL INFORMATION

Legal Name:	_____
AKAs:	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	_____
Date of Death:	_____
Place of Death:	_____
Age at Death:	_____
Residence	_____
Street Address:	_____
City, State, Zip:	_____
County of Residence:	_____
Marital Status at Death:	_____
Social Security Number:	_____
U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXECUTOR'S PERSONAL INFORMATION

Legal Name:	_____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number:	_____
Email:	_____
Residence	_____
Street Address:	_____
City, State, Zip:	_____
County of Residence:	_____
Social Security Number:	_____

DECEDENT'S ESTATE PLANNING DOCUMENTS

Did Decedent have a Revocable Living Trust?

If so, please bring the Decedent's Revocable Living Trust to the initial consultation.

[] Yes [] No

Did Decedent have a Last Will and Testament?

If so, please bring the Decedent's original Last Will and Testament to the initial consultation.

[] Yes [] No

Have you received the Death Certificate? If so, bring the Death Certificate to the initial consultation.

[] Yes [] No

DECEDENT'S FAMILY INFORMATION

Child's Full Name: _____

Date of Birth: _____

Address of Residence: _____

Sex: [] Male [] Female

Other Info. [] Adopted [] Deceased [] Special Needs

Marital Status: [] Single [] Married [] Divorced [] Widowed

If married, spouse's name: _____

<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	[]	[]	[]
2. _____	_____	[]	[]	[]
3. _____	_____	[]	[]	[]
4. _____	_____	[]	[]	[]
5. _____	_____	[]	[]	[]

Child's Full Name: _____

Date of Birth: _____

Address of Residence: _____

Sex: [] Male [] Female

Other Info. [] Adopted [] Deceased [] Special Needs

Marital Status: [] Single [] Married [] Divorced [] Widowed

If married, spouse's name: _____

<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	[]	[]	[]
2. _____	_____	[]	[]	[]
3. _____	_____	[]	[]	[]
4. _____	_____	[]	[]	[]
5. _____	_____	[]	[]	[]

Child's Full Name: _____				
Date of Birth: _____				
Address of Residence: _____				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Other Info.	<input type="checkbox"/> Adopted	<input type="checkbox"/> Deceased	<input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
If married, spouse's name: _____				
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Full Name: _____				
Date of Birth: _____				
Address of Residence: _____				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Other Info.	<input type="checkbox"/> Adopted	<input type="checkbox"/> Deceased	<input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
If married, spouse's name: _____				
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Full Name: _____				
Date of Birth: _____				
Address of Residence: _____				
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Other Info.	<input type="checkbox"/> Adopted	<input type="checkbox"/> Deceased	<input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
If married, spouse's name: _____				
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECEDENT'S ASSETS

REAL PROPERTY

List any interest in real estate including the Decedent's family residence, vacation home, time share, vacant land, etc.

Legal Description and Address	Market	Loan
<u>PLEASE PROVIDE COPY DEEDS AT INITIAL CONSULTION</u>	Value	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====

GUNS

Did the Decedent own or possess any guns? Yes No

If Yes, did the Decedent own or possess any of the following NFA guns, Title II guns, or Class 3 guns?..... Yes No

- Shotgun having a barrel less than 18 inches in length
- Shotgun less than 26 inches in overall length
- Rifle having a barrel less than 16 inches in length
- Rifle less than 16 inches in overall length
- Machine gun (any gun that fires more than one round with one pull of the trigger)
- Silencer, suppressor, or muffler
- Destructive devise (explosive, grenade, etc.)
- Bump-stock devise

If the Decedent did own or possess any NFA guns, Title II guns, or Class 3 guns ...

How many did the Decedent own or possess? _____

How many are registered to the Decedent with the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE)? _____

Does any beneficiary of the estate or trust live outside the State of Texas? Yes No

Do you know or have reason to believe that a beneficiary of the estate or trust is:

- Under indictment for, or convicted of a felony..... Yes No
- A fugitive from Justice..... Yes No
- Unlawful user of, or addicted to any controlled substance..... Yes No
- Adjudicated as mentally incapacitated or has been committed to any mental institution..... Yes No
- An illegal alien..... Yes No
- An alien who is in the United States under a non-immigrant visa..... Yes No
- Discharged from the Armed Forces under dishonorable conditions..... Yes No
- An Expatriate who has renounced his citizenship..... Yes No
- Subject to a restraining order..... Yes No
- Convicted of a misdemeanor crime of domestic violence..... Yes No
- Under the age of 21 for NFA firearms..... Yes No
- Under the age of 18 for Non-NFA firearms..... Yes No
- Has special needs disabilities..... Yes No

AUTOMOBILES, BOATS AND RVS

For each motor vehicle, boat, RV, etc., please list the following: general description, market value and loan balance:

Description – Year, Make, Model and VIN number	Market Value	Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	=====	=====

BANK & SAVINGS ACCOUNTS

Please indicate type of account: Checking, Savings, Certificate of Deposit, or Money Market

Do not include Retirement Accounts, IRAs or 401(k)s here

NAME OF INSTITUTION AND ACCOUNT NUMBER

STATE INDIVIDUAL OR COMMUNITY PROPERTY

	Type	Date of Death Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		=====

STOCKS AND BONDS

List any and all stocks and bonds owned by the Decedent. If held in a brokerage account, lump them together under each account.

Stocks, Bonds or Investment Accounts

NAME OF INSTITUTION AND ACCOUNT NUMBER

STATE INDIVIDUAL OR COMMUNITY PROPERTY

	Amount
_____	_____
_____	_____
<i>Total</i>	=====

RETIREMENT PLANS

Describe the type of retirement plan (ie. Pension, Profit Sharing, SEP, 401(K), IRA) and the current value of the plan

Description

NAME OF INSTITUTION AND ACCOUNT NUMBER

STATE NAME OF BENEFICIARY

Market Value

<i>Total</i>	

BUSINESS INTERESTS

Give a brief description of each business interest (ie. general partnership, limited partnership, sole proprietorship, privately owned corporation, professional corporation, oil interest, farm and ranch interest) and the estimated value of the interest.

Description

Market Value

<i>Total</i>	

MONEY OWED TO THE DECEDENT

Mortgages or promissory notes payable **to the Decedent**, or other moneys owed **to the Decedent**.

Name of Debtor	Date of Note	Maturity Date	Current Balance
<i>Total</i>			

OTHER ASSETS

Other property is any property that the Decedent owned that does not fit into any listed category.

Description

Market Value

<i>Total</i>	

LIFE INSURANCE POLICES AND ANNUITIES

	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>
First Policy	_____	_____	[] Decedent [] Other	[] Decedent [] ILIT	[] Children [] Other [] ILIT
Second Policy	_____	_____	[] Decedent [] Other	[] Decedent [] ILIT	[] Children [] Other [] ILIT
Third Policy	_____	_____	[] Decedent [] Other	[] Decedent [] ILIT	[] Children [] Other [] ILIT
Fourth Policy	_____	_____	[] Decedent [] Other	[] Decedent [] ILIT	[] Children [] Other [] ILIT
Fifth Policy	_____	_____	[] Decedent [] Other	[] Decedent [] ILIT	[] Children [] Other [] ILIT
Total	_____	_____			

DECEDENT'S DEBTS

Money, mortgages, or promissory notes owed **by the Decedent.**

Name of Creditor	Unsecured Debt	Secured Debt	Current Balance
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
_____	[]	[]	_____
		Total	_____

DECEDENT'S PROFESSIONAL ADVISOR INFORMATION

Did the Decedent have any of the following professional advisors?
[Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

2. **Investment/Financial Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

3. **Life Insurance Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

4. **Other Attorney:** Yes No Not Sure

Attorney's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____