

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. _____	_____	<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: 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. _____	_____	<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"/>

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>		

FURNITURE AND PERSONAL EFFECTS

List separately major personal effects such as jewelry, collections, antiques, and all other valuable non-business personal property.

Description	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	

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: _____