



## LEACH FOX LAW

ESTATE ATTORNEYS

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### **PROBATE QUESTIONNAIRE**

In response to your contact with our office regarding handling the settlement of an Estate, enclosed herein please find a questionnaire for you to complete in preparation for your appointment.

Because of the Texas community property law, if the deceased was married at the time of death, then the asset information should include all assets, even if solely in the name of the surviving spouse.

All values should be the fair market value of such asset as of the date of death of the deceased.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional manner. If there is other information that we need, we will cover that at our initial office conference.

#### **You will need to bring the following documents with you, if available:**

1. Original Will;
2. Certified Death Certificate;
3. Copy of Decedent's Drivers License;
4. Copy of Warranty Deeds on all real estate;
5. Copy of any Promissory Notes or Deeds of Trust on real estate;
6. Copy of statements on tax deferred accounts (401K, IRA, etc.);
7. Copy of current brokerage account statements;
8. Copy of current mutual fund statements;
9. Copy of any stock certificates or other dividend reinvestment plan;
10. Copy of current bank statements for all accounts;
11. Copy of titles to any vehicles; and
12. Addresses of all persons who are receiving assets through the Will.

We appreciate the opportunity to be of service to you in this matter.

**LEACH FOX LAW**  
**PROBATE QUESTIONNAIRE**

Date: \_\_\_\_\_

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Name of

Executor/Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

State/DL#: \_\_\_\_\_

\_\_\_\_\_

Hm Ph #: \_\_\_\_\_

Wk Ph#: \_\_\_\_\_

Cell Ph #: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*\*\*\*\*

Name of Deceased: \_\_\_\_\_

SS#: \_\_\_\_\_

State/DL#: \_\_\_\_\_

City where

Date of death: \_\_\_\_\_

death occurred: \_\_\_\_\_

Residence at death: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Left Will dated: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Year became Texas resident: \_\_\_\_\_

U.S. Citizen:

Marital status at death: \_\_\_\_\_

Marital history:	Name of spouse:	Date married:	Date marriage ended:	Marriage ended by divorce or death?:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was the Deceased ever on Medicaid? Y / N

CHILDREN:

1.	Name: _____ Address: _____ _____	Child by Previous Marriage?	Date of Birth _____	Gender
2.	Name: _____ Address: _____ _____	Child by Previous Marriage?	Date of Birth _____	Gender
3.	Name: _____ Address: _____ _____	Child by Previous Marriage?	Date of Birth _____	Gender
4.	Name: _____ Address: _____ _____	Child by Previous Marriage?	Date of Birth _____	Gender
5.	Name: _____ Address: _____ _____	Child by Previous Marriage?	Date of Birth _____	Gender

HEIRS (OTHER THAN CHILDREN)

1. Name: \_\_\_\_\_

Gender -

Address: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_

Gender -

Address: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_

Gender -

Address: \_\_\_\_\_

\_\_\_\_\_

4. Name: \_\_\_\_\_

Gender -

Address: \_\_\_\_\_

\_\_\_\_\_

5. Name: \_\_\_\_\_

Gender -

Address: \_\_\_\_\_

\_\_\_\_\_

# ASSET INFORMATION

## Real Estate:

	Address:	Mortgage balance:	Ownership on Warranty Deed:	Current Value:
1.	_____	\$ _____	_____	\$ _____
	_____			
2.	_____	\$ _____	_____	\$ _____
	_____			
3.	_____	\$ _____	_____	\$ _____
	_____			

## Life Insurance on LIFE OF DECEASED:

	Insurance Company:	Type (term, whole life, universal or variable):	Beneficiary:	Cash Value:	Death Benefit:
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____

## Life Insurance on LIFE OF SURVIVING SPOUSE:

	Insurance Company:	Type (term, whole life, universal or variable):	Beneficiary:	Cash Value:	Death Benefit:
1.	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	\$ _____	\$ _____
3.	_____	_____	_____	\$ _____	\$ _____

**Tax Deferred Assets in the NAME OF DECEASED:**

	401K or IRA and Name of Company:	Primary Beneficiary:	Current Value:
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

**Tax Deferred Assets in the NAME OF SURVIVING SPOUSE:**

	401K or IRA and Name of Company:	Primary Beneficiary:	Current Value:
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

**Brokerage Accounts:**

	Name of Brokerage Co.:	Acct. #:	Name shown on Account:	Advisor & Phone #:	Value at Date of Death:
1.	_____	_____	_____	_____	\$ _____
				Ph.# _____	
2.	_____	_____	_____	_____	\$ _____
				Ph.# _____	
3.	_____	_____	_____	_____	\$ _____
				Ph.# _____	

**Mutual Funds and Annuities:**

	Name of Fund:	Acct. #:	Name shown on Account:	Value at Date of Death:
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____

**Stocks & Bonds (held outside of brokerage account):**

	Name of Company:	Number of Shares or Amount of Bond:	Name shown on Certificate:	Value at Date of Death:
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____

**U.S. Savings Bonds:**

Number of bonds: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Series: \_\_\_\_\_

Name shown on bond: \_\_\_\_\_

**Cryptocurrency:**

	Type:	Person or Persons able to Access Accounts:	Value at Date of Death:
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

**Bank Accounts:**

	Name of Bank:	Acct. #:	Acct. type (CD, checking, savings):	Name on Account:	Value at Date of Death:
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____
6.	_____	_____	_____	_____	\$ _____
7.	_____	_____	_____	_____	\$ _____
8.	_____	_____	_____	_____	\$ _____

**Vehicles:**

	Year:	Make:	VIN:	Name on Title:	Value:
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

**Businesses:**

	Name of Business	Type (corp., partnership, sole proprietorship)	Percentage of Ownership:	Current buy-sell agreement?
1.	_____	_____	_____ %	
2.	_____	_____	_____ %	

**Tangible Personal Property:**

Approximate value of household furnishings and personal belongings: \$ \_\_\_\_\_  
(Based on value if sold)



**GIFTS:**

**History of Gifts: (1) List all gifts made in excess of the annual gift exclusion (\$13,000.00 in 2010); and (2) list any transfers of life insurance ownership to other persons:**

Date of Gift	Donor	Donee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have either of you ever filed a gift tax return?

	Year	Return Attached?
If yes, list years, and attach copies of all return.	_____	
	_____	
	_____	

**Other Property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Debts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_