

Vance E. Hendrix, PC,  
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PROBATE QUESTIONNAIRE

Date: \_\_\_\_\_  
Estate Value: \_\_\_\_\_  
 Muniment  Std. Probate  
 Heirship  Small Est.

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND WILL NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN IN FURTHERANCE OF PROFESSIONAL LEGAL SERVICES.

PLEASE COMPLETE THE FOLLOWING AS COMPLETELY AS POSSIBLE.

**CLIENT INFORMATION (YOU ARE THE CLIENT – DECEDENT INFORMATION IS REQUESTED BELOW)**

Name: _____	Mobile Phone: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____
E-mail: _____	Facsimile: _____
Employer: _____	Date of Birth: _____
Position/Title: _____	Social Security #: _____
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License #: _____

Have you been convicted of a Felony in the State of Texas or any other state? Yes  No

*Important Note: If you are an Executor or Administrator and you decide to retain this firm, the firm will represent you, not the Estate and not the beneficiaries or heirs of the Estate.*

**PERSONS WHO KNOW HOW TO CONTACT YOU (2 PERSONS ARE REQUIRED)**

Name: _____	Mobile Phone: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____
E-mail: _____	Facsimile: _____
Name: _____	Mobile Phone: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____
E-mail: _____	Facsimile: _____

**DECEDENT INFORMATION**

Name: _____	Date of Birth: _____
Address at Death: _____	Date of Death: _____
_____	Age on Date of Death: _____
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #: _____
Death Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's License #: _____

Did Decedent have a Last Will and Testament?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have possession of the original Last Will and Testament?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any children born to or adopted by Decedent after the date of the Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Executor/Administrator a Texas Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any named Executors/Administrators unable to serve or declining to serve?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the Decedent have a Trust or was Decedent the beneficiary of a Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Decedent made any gifts in excess of \$15,000.00 to any individual during any one calendar year?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Has Decedent ever filed a Gift Tax return (Form 709)?  
Did Decedent receive Medicaid Benefits?  
Did Decedent have a Safe Deposit Box?

Yes  No  Unknown   
Yes  No  Unknown   
Yes  No  Unknown

**BENEFICIARIES UNDER DECEDENT’S LAST WILL AND TESTAMENT**

List all of the Beneficiaries listed in the Will, living or deceased, and a current address if applicable.

Full Name	Living/Deceased	Address

**DECEDENT’S MARITAL HISTORY**

List Marriages (name of spouse, date of marriage/divorce/death).

Was Decedent married at the time of death? Yes  No

	Divorce <input type="checkbox"/> Death <input type="checkbox"/>
	Divorce <input type="checkbox"/> Death <input type="checkbox"/>
	Divorce <input type="checkbox"/> Death <input type="checkbox"/>
	Divorce <input type="checkbox"/> Death <input type="checkbox"/>

**DECEDENT’S CHILDREN**

List all of Decedent’s children, living or deceased, and a current address if applicable.

Full Name	Living/Deceased	Address

Did Decedent adopt any children? Yes  No

Did Decedent treat any non-biological children as their own children? Yes  No

For Attorney Use:

**DECEDENT’S PARENTS**

List Decedent’s parents, living or deceased, and a current address if applicable.

Full Name	Living/Deceased	Address

**DECEDENT’S SIBLINGS**

List all of Decedent’s siblings, living or deceased, and a current address if applicable.

Full Name	Living/Deceased	Address

**ADDITIONAL INFORMATION**

If there are any conflicts between the Beneficiaries or between the Decedent’s heirs, please describe.

**DISINTERESTED WITNESSES**

List at least 2 unrelated individuals that knew the Decedent, the Decedent’s family history, and were familiar with the Decedent’s handwriting.

Full Name	Address	Telephone #

For Attorney Use:

**DECEDENT'S ASSETS**

Decedent's Estimated Net Worth: \$ \_\_\_\_\_  
Estimated Total Value of Community Property: \$ \_\_\_\_\_  
Estimated Total Value of Decedent's Separate Property: \$ \_\_\_\_\_

**DECEDENT'S REAL ESTATE**

*For all Real Property (Land/houses, etc., identify the Location/Address (include County of location).*

Address:	Equity:	Value:

**DECEDENT'S OIL, GAS, AND MINERAL INTERESTS**

*For all oil, gas, and minerals that Decedent owned, identify the county in which such minerals are located.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECEDENT'S BANKS AND BROKERAGE ACCOUNTS**

*Identify all Institutions at which Decedent maintained an account.*

Name of Bank/Brokerage Firm	Acct #	Beneficiary Designations	Value

**DECEDENT'S VEHICLES (AUTOMOBILES, BOATS, RVs, MOTORCYCLES, TRAILERS, FARM VEHICLES, ETC.)**

Year	Make and Model	Value:

**DECEDENT’S HOUSEHOLD FURNISHINGS, ANTIQUES, JEWELRY, FURNITURE, CLOTHING, ETC.**

Generally identify the Decedent’s household furnishings, antiques, jewelry, clothing, and artwork – provide a total “garage sale” or “yard sale” value for such items

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**DECEDENT’S RETIREMENT ACCOUNTS AND ANNUITIES**

Identify all Institutions at which Decedent maintained a Retirement Account or Annuity.

Name of Institution	Acct #	Beneficiary Designations	Value

**DECEDENT’S LIFE INSURANCE**

Identify all Life Insurance Policies maintained by or insuring the life of the Decedent.

Name of Institution	Policy #	Beneficiary Designations	Death Benefit	Cash Value

**DECEDENT’S OTHER ASSETS (Business interests, Partnerships, Interests in Lawsuits, Digital Assets, Trademarks, copyrights, etc.)**

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**DECEDENT'S DEBTS**

*Identify of Decedent's Debts. Include all mortgages, car notes, credit card debts, and medical/hospital debts*

Name of Creditor	Acct #	Amount of Debt

**DECEDENT'S PROFESSIONAL ADVISORS**

*Please identify Decedent's professional advisors*

- Accountant/CPA: \_\_\_\_\_
- Insurance Agent: \_\_\_\_\_
- Financial Advisor: \_\_\_\_\_
- Other Advisors: \_\_\_\_\_