

# Kelly M. Davis & Associates

---

## ATTORNEYS & COUNSELORS AT LAW

### Probate Questionnaire

#### I. DECEDENT

FULL NAME OF DECEDENT: \_\_\_\_\_ Death Date: \_\_\_\_\_  
Aliases used: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
City of Birth: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Place of Death: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_ How long? \_\_\_ yrs.  
Mailing Address: \_\_\_\_\_

#### II. SPOUSE (whether alive or dead)

FULL NAME OF SPOUSE: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
IS SPOUSE AN ALIEN? \_\_\_\_\_ Bring in Visa/PassPort: \_\_\_ Aliases used: \_\_\_\_\_  
Is Spouse Alive? \_\_\_\_\_  
Date Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
City of Birth: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_ How long? \_\_\_ yrs.  
Mailing Address: \_\_\_\_\_  
Phone number (home): \_\_\_\_\_ Work number: \_\_\_\_\_  
DATE OF MARRIAGE TO DECEDENT: \_\_\_\_\_  
PLACE OF MARRIAGE (city/county/state): \_\_\_\_\_  
HAS SPOUSE'S WILL BEEN PROBATED? \_\_\_\_\_ IF "NO", WHY NOT? \_\_\_\_\_  
IF PROBATED, GIVE DATE, COUNTY, CASE NUMBER: \_\_\_\_\_  
\_\_\_\_\_[Bring a copy of spouse's probate documents, if any.]\_\_\_\_\_[Bring a copy of spouse's Will, if still alive.]

**III. APPLICANT ( to be filled out if applicant is not the surviving spouse or the named executor)**

[MUST HAVE A DIRECT INTEREST IN ESTATE; NOT A CONTINGENT INTEREST]

FULL NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

HOW NAMED IN WILL: \_\_\_\_\_ Birthplace: \_\_\_\_\_

DESCRIBE DIRECT INTEREST IN ESTATE: \_\_\_\_\_

Texas Driver License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Work number: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Have knowledge of estate's assets/liabilities/affairs? How: \_\_\_\_\_

**IV. EXECUTORS (to be filled out if not the surviving spouse)**

**FIRST NAMED EXECUTOR**

FULL NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

HOW NAMED IN WILL: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Texas Driver License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Work number: \_\_\_\_\_

**SECOND NAMED EXECUTOR** (ONLY IF FIRST NAMED IS NOT GOING TO SERVE OR IF CO-EXECUTORS)

FULL NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_

HOW NAMED IN WILL: \_\_\_\_\_ Place birth: \_\_\_\_\_

Texas Driver License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Phone (home): \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**V. DECEDENT'S FACTS**

PRIOR MARRIAGES (names, dates, places): \_\_\_\_\_

PRIOR DIVORCES (names, dates, places) [Bring copy of decrees.]: \_\_\_\_\_

Family Doctor (name/address): \_\_\_\_\_

Will located at: \_\_\_\_\_ Attorney preparing Will: \_\_\_\_\_

Is there a need for a Court Order to get Will/Insurance policies from bank? \_\_\_ Name/Address: \_\_\_\_\_

Had decedent ever sign a pre-nuptial or post-nuptial marital contract? \_\_\_\_\_ If "yes", BRING A COPY TO ATTORNEY.

Are there any divorce decrees affecting the Will or Decedent's estate? \_\_\_\_\_ If "yes", BRING A COPY TO ATTORNEY.

Did Decedent take under any joint and/or mutual Will? \_\_\_\_\_ If "yes", BRING A COPY TO ATTORNEY.

Was Decedent a principal, trustee or beneficiary of any TRUST? \_\_\_\_\_ If "yes", BRING A COPY TO ATTORNEY.

Did Decedent have any joint-survivorship accounts (check, savings, stock, land)? \_\_\_\_\_. If "yes", bring copy.

**VI. CHILDREN OF DECEDENT**

<u>CHILDREN BORN OF DECEDENT</u>	<u>BIRTH DATE</u>	<u>PLACE BIRTH</u>	<u>Date/Place DEATH</u>	<u>CURRENT ADDRESS</u>
(full marital name)		(city, county, state)		

---



---



---



---



---

<u>CHILDREN ADOPTED BY DECEDENT</u>	<u>BIRTH DATE</u>	<u>PLACE BIRTH</u>	<u>Date/Place Death</u>	<u>CURRENT ADDRESS</u>
(full marital name)		(city, county, state)		

---



---

<u>ILLEGITIMATE CHILDREN</u>	<u>BIRTH DATE</u>	<u>PLACE BIRTH</u>	<u>OTHER PARENT</u>	<u>CURRENT ADDRESS</u>
------------------------------	-------------------	--------------------	---------------------	------------------------

<u>CHILDREN OF DECEDENT THAT HAVE BEEN ADOPTED BY OTHERS</u>	<u>BIRTH DATE</u>	<u>ADOPTED BY WHOM</u>
--	-------------------	------------------------

ARE THERE ANY COURT ORDERS/CONTRACTS PROVIDING FOR FORCED INHERITANCE OF A CHILD? \_\_\_\_\_ - If "yes," BRING A COPY TO ATTORNEY.

IS CURRENT SPOUSE PREGNANT? \_\_\_\_\_ WHEN DUE? \_\_\_\_\_

**VII. EMERGENCY ORDERS**

Under current Probate law, the decedent's family has the right to petition the Probate Court for an emergency order to have funds held by a bank/savings company released to pay for the funeral/burial expenses (up to \$15,000.00), and to have any storage company release personal effects subject to storage liens (the liens must be paid though). The law allows the funeral home to initiate this action and the funeral home may recover its attorney fees; however, the family is not allowed to recover its attorney fees or court costs. Further, the emergency order can allow the cremation of the remains. Otherwise, the banks may freeze the decedent's funds until an executor/administrator is appointed.

IS THERE A NEED FOR AN EMERGENCY FUNERAL/BURIAL ORDER? \_\_\_\_\_ COST: \_\_\_\_\_

Name/address Funeral Home: \_\_\_\_\_

Name/address of Bank/Savings: \_\_\_\_\_

Amount on deposit: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

IS THERE A NEED FOR AN EMERGENCY STORAGE COMPANY ORDER? \_\_\_\_\_

Name/address of Storage Company: \_\_\_\_\_  
Amount owed? \_\_\_\_\_ Contents: \_\_\_\_\_

Date of Foreclosure: \_\_\_\_\_ Bring list of contents: \_\_\_\_\_

IS THERE A WISH TO HAVE THE REMAINS CREMATED? \_\_\_\_\_ IF "YES", DID THE DECEDENT LEAVE WRITTEN REQUEST FOR CREMATION? \_\_\_\_\_ If "NO", does all family members agree to sign written consent? \_\_\_\_\_

**VIII. DECEDENT'S ESTATE – GENERAL**

(Community property is that which was acquired during marriage except gifts or inheritance.  
Separate property is that acquired before marriage or by gift or inheritance.  
All assets are presumed to be community estate unless proven by clear and convincing evidence.)

SAFETY DEPOSIT BOX: Give name, address and phone number): \_\_\_\_\_

Who had right to enter box? \_\_\_\_\_ Whose name on contract? \_\_\_\_\_

Describe generally the contents of safety deposit box: \_\_\_\_\_

Describe all assets in which Decedent had or was subject to rights of survivorship: \_\_\_\_\_

Describe all assets in which Decedent had or was subject to powers of appointment: \_\_\_\_\_

Describe all joint tenancies Decedent had interest in: \_\_\_\_\_

Describe all real estate owned by Decedent outside of Texas to which a joint tenancy/right of survivorship may apply: \_\_\_\_\_

Describe all trusts and trust assets Decedent had an interest or beneficial right therein: \_\_\_\_\_

Had Decedent created any Living Trusts during his lifetime? \_\_\_\_\_ If so, BRING COPY TO ATTORNEY.

GRAVE PLOTS: DESCRIBE (name of cemetery, special name of section, block, lot, space): \_\_\_\_\_

Who is buried in what spaces? \_\_\_\_\_

Described grave plots/spaces still open: \_\_\_\_\_ Current value: \_\_\_\_\_

Whose name is the grave spaces in: \_\_\_\_\_ BRING COPY OF

DEED/CONTRACT/DOCUMENT. \_\_\_\_\_

NOTE: Some of the above assets/rights may or may not be listed in the inventory to be filed with the court, as the probate code only requires those assets owned by the decedent that are subject to the decedent's will or to probate action. However, all of the probate and non-probate assets must be taken into consideration in determining whether or not to file a federal estate tax return, as all of said decedent's assets are included in that return (subject to certain exemptions/exclusions). Only the attorney can make that determination after reviewing all of the pertinent answers provided herein.

**IX. COMMUNITY PROPERTY OF DECEDENT**

[Note: Report below only those items acquired during marriage that does not constitute the separate estate of either the decedent or the separate estate of the surviving spouse!!! See definitions at PAR. IX.]

**A: REAL ESTATE (community):** [Include those you have sold to others under contract for deed. Also, for income tax purposes if the property is sold, it is best to keep the value high, if justifiable.]

WHAT	LEGAL DESCRIPTION	ADDRESS	INSURED VALUE	TAX APPRAISAL	VALUE TO LIST AS	LIENS?
1. HOME.....	_____	_____	_____	_____	_____	_____
2. Rental .....	_____	_____	_____	_____	_____	_____
3. Beach/Lake.	_____	_____	_____	_____	_____	_____
4. Acreage .....	_____	_____	_____	_____	_____	_____
5. Mobile Home .....	_____	_____	_____	_____	_____	_____
6. Grave Plot ..	_____	_____	_____	_____	_____	_____

Which of the above are being purchased under contract for deed? \_\_\_\_\_

Have releases of liens been recorded as to all of the above? \_\_\_\_\_

Which of the above are being sold under contract for deed, option, lease option? \_\_\_\_\_

**B. PERSONALTY (community):**

WHAT	DESCRIPTION (Year, Model, Type) (Title, Name of Bank/etc) (Short description)	V.I.N. & NUMBER [Certificate No., other account number]	NUMBER OF SHARES, BOND FACE AMOUNT	INSURED VALUE & APPRAISAL VALUE	VALUE TO LIST AS	LIENS (Y/N)
1. Auto Truck .	_____	_____	_____	_____	_____	_____
2. Motorhome.	_____	_____	_____	_____	_____	_____
3. Trvl Tr/ORV .....	_____	_____	_____	_____	_____	_____
4. Boat & Rig .	_____	_____	_____	_____	_____	_____
5. Othr vehicles.....	_____	_____	_____	_____	_____	_____

6. Guns & sport .....						
7. Home Furnsh.....						
8. Othr Furnsh						
9. Collections..						
10 Silverware .						
11 Jewelry .....						
12 Chinaware .						
13 Clothing.....						
14 Pets .....						
15 Animals .....						
16 Crops .....						
17 Contracts ...						
18 CASH.....						
19 STOCK .....						
20 STOCK .....						
21 STOCK .....						
22 BONDS.....						
23 BONDS.....						
24 Checking...						
25 Checking...						
26 SAVINGS .						
27 SAVINGS .						
28 IRA.....						
29 IRA.....						
30 Mutual Fund.....						
31 Partnership						
32 Other.....						
33 Other.....						
34 Other.....						
35 Other.....						

36 Other.....						
---------------	--	--	--	--	--	--

**X. DECEDENT'S SEPARATE ESTATE**

If the separate estate of Decedent includes any residence, was it being used as the homestead of Decedent? \_\_\_\_\_

Is there any other residence that Decedent was claiming as homestead? \_\_\_\_\_

If the separate estate of Decedent includes any business realty, was it being used as the business homestead of Decedent? \_\_\_\_\_

Describe: \_\_\_\_\_

Has Community Funds and/or Community Labor of either spouse been used to improve any of the separate estate, to pay the taxes owed against the separate estate or to pay off any mortgage owed against the separate estate? \_\_\_\_\_

If so, please note that the community may have a claim against the separate estate. DESCRIBE IN DETAIL: \_\_\_\_\_

**A: SEPARATE REAL ESTATE (decedent's):** [Include those you may have sold to others under contract for deed.]

WHAT	LEGAL DESCRIPTION	ADDRESS	INSURED VALUE	TAX APPRAISAL	VALUE TO LIST AS	LIENS
1. HOME.....	_____	_____	_____	_____	_____	_____
2. Rental .....	_____	_____	_____	_____	_____	_____
3. Beach/Lake.	_____	_____	_____	_____	_____	_____
4. Acreage .....	_____	_____	_____	_____	_____	_____
5. Mobile Home .....	_____	_____	_____	_____	_____	_____
6. Other.....	_____	_____	_____	_____	_____	_____

Which of the above are being purchased under contract for deed? \_\_\_\_\_

Have releases of liens been recorded as to all of the above? \_\_\_\_\_

Which of the above are being sold under contract for deed, option, lease option? \_\_\_\_\_

**B. SEPARATE PERSONALTY (decedent's):**

WHAT	DESCRIPTION (Year, Model, Type) (Title, Name of Bank/etc) (Short description)	V.I.N. & NUMBER [Certificate No., other account number]	NUMBER OF SHARES, BOND FACE AMOUNT	INSURED VALUE & APPRAISAL VALUE	VALUE TO LIST AS	LIENS? (Y/N)
1. Auto Truck .	_____	_____	_____	_____	_____	_____
2. Motorhome.	_____	_____	_____	_____	_____	_____
3. Trvl	_____	_____	_____	_____	_____	_____
Tr/ORV .....	_____	_____	_____	_____	_____	_____
4. Boat & Rig .	_____	_____	_____	_____	_____	_____
5. Othr	_____	_____	_____	_____	_____	_____
vehicles.....	_____	_____	_____	_____	_____	_____
6. Guns &	_____	_____	_____	_____	_____	_____
sport.....	_____	_____	_____	_____	_____	_____
7. Home	_____	_____	_____	_____	_____	_____
Furnsh.....	_____	_____	_____	_____	_____	_____
8. Othr Furnsh	_____	_____	_____	_____	_____	_____
9. Collections..	_____	_____	_____	_____	_____	_____
10 Silverware .	_____	_____	_____	_____	_____	_____
11 Jewelry .....	_____	_____	_____	_____	_____	_____
12 Chinaware .	_____	_____	_____	_____	_____	_____
13 Clothing.....	_____	_____	_____	_____	_____	_____
14 Pets .....	_____	_____	_____	_____	_____	_____
15 Animals .....	_____	_____	_____	_____	_____	_____
16 Crops .....	_____	_____	_____	_____	_____	_____
17 Contracts ...	_____	_____	_____	_____	_____	_____
18 CASH.....	_____	_____	_____	_____	_____	_____



19 STOCK .....	_____	_____	_____	_____	_____	_____
20 STOCK .....	_____	_____	_____	_____	_____	_____
21 STOCK .....	_____	_____	_____	_____	_____	_____
22 BONDS .....	_____	_____	_____	_____	_____	_____
23 BONDS .....	_____	_____	_____	_____	_____	_____
24 Checking ...	_____	_____	_____	_____	_____	_____
25 Checking ...	_____	_____	_____	_____	_____	_____
26 SAVINGS .	_____	_____	_____	_____	_____	_____
27 SAVINGS .	_____	_____	_____	_____	_____	_____
28 IRA.....	_____	_____	_____	_____	_____	_____
29 IRA.....	_____	_____	_____	_____	_____	_____
30 Mutual Fund.....	_____	_____	_____	_____	_____	_____
31 Partnership	_____	_____	_____	_____	_____	_____
32 Other.....	_____	_____	_____	_____	_____	_____
33 Other.....	_____	_____	_____	_____	_____	_____
34 Other.....	_____	_____	_____	_____	_____	_____

Which of the above are being purchased under contract for deed? \_\_\_\_\_

Have releases of liens been recorded as to all of the above? \_\_\_\_\_

Which of the above are being sold under contract for deed, option, lease option? \_\_\_\_\_

**XI. SEPARATE ESTATE OF SURVIVING SPOUSE**

<u>Description of Asset</u>	<u>VIN/Acct. No.</u>	<u>Date Acquired</u>	<u>Amount Paid</u>	<u>Lien by</u>	<u>Amt. Lien</u>	<u>Value at Present</u>
-----------------------------	----------------------	----------------------	--------------------	----------------	------------------	-------------------------

---



---



---

If the separate estate of Surviving Spouse includes any residence, was it being used as the homestead of Decedent? \_\_\_\_\_

If the separate estate of Surviving Spouse includes any business realty, was it being used as the business homestead of Decedent? \_\_\_\_\_

Has Community Funds and/or Community Labor of either spouse been used to improve any of the above separate estate, to pay the taxes owed against same or to pay off any mortgage owed against the separate estate? \_\_\_\_\_

If so, please note that the community may have a claim against the separate estate. DESCRIBE IN DETAIL: \_\_

---

**XII. BUSINESSES and OTHER INTERESTS**

**A: BUSINESS ENTITIES:**

Describe all partnership rights decedent had: \_\_\_\_\_

Describe all business interests decedent had: \_\_\_\_\_

Describe all joint ventures decedent had: \_\_\_\_\_

OTHERS: \_\_\_\_\_

**B: OIL/GAS/MINERAL OR ROYALTY INTERESTS:**

Describe all properties that decedent had retained or had acquired oil, gas, mineral and/or royalty interests therein: \_\_\_\_\_

---

**C: INCOME/CLAIMS DUE DECEDENT'S ESTATE:**

<u>Type of claim</u>	<u>Debtor's name</u>	<u>Address of Debtor</u>	<u>Describe</u>	<u>Balance owed</u>	<u>Suit pending?</u>
1. Wage/salary:	_____	_____	_____	_____	_____
2. Rents:	_____	_____	_____	_____	_____
3. Mortgages:	_____	_____	_____	_____	_____
4. Contracts:	_____	_____	_____	_____	_____
5. Dividend/interest:	_____	_____	_____	_____	_____
6. Personal notes:	_____	_____	_____	_____	_____
7. Deposits/escrows:	_____	_____	_____	_____	_____
8. Pending suits:	_____	_____	_____	_____	_____
9. Judgments:	_____	_____	_____	_____	_____
10. Other:	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____

**D: WRONGFUL DEATH: WAS DECEDENT'S DEATH CAUSED BY A THIRD PARTY OR DEFECTIVE PRODUCT?**

\_\_\_\_\_

**IF YES, GIVE FULL DETAILS AND NAMES/ADDRESSES/DATES INVOLVED:** \_\_\_\_\_

---

---

**XIII. INSURANCE**

**A: INSURANCE ON DECEDENT'S LIFE:** (Indicate under "type" if Separate Property and of whom.)

TYPE	NAME OF INSURER & ADDRESS	POLICY NO.	PAYABLE TO	AMOUNT DUE
1. FUNERAL .....	_____	_____	_____	_____
2. CREDIT LIFE.....	_____	_____	_____	_____
3. WHOLE LIFE .....	_____	_____	_____	_____
4. TERM LIFE .....	_____	_____	_____	_____
5. CAR POLICY .....	_____	_____	_____	_____
6. ACCIDENTAL.....	_____	_____	_____	_____
7. UNION LIFE .....	_____	_____	_____	_____
8. GROUP LIFE .....	_____	_____	_____	_____
9. VETERANS.....	_____	_____	_____	_____
10 SOC. SEC. ....	_____	_____	_____	_____
11 COMPANY PLAN...	_____	_____	_____	_____
12 DEATH BONUS .....	_____	_____	_____	_____
13 OTHER .....	_____	_____	_____	_____

Did Decedent own any life insurance on any child's life or business associate? \_\_\_\_\_ If so, bring to attorney. \_\_\_\_\_

Did employer/business entity that decedent had interest in have life insurance on decedent's life? \_\_\_\_\_ If so, explain: \_\_\_\_\_

**B: INSURANCE ON SURVIVING SPOUSE'S LIFE:** (Indicate under "type" if Separate Property and of whom.)

TYPE	NAME OF INSURER & ADDRESS	POLICY NO.	PAYABLE TO	AMOUNT DUE
1. FUNERAL .....	_____	_____	_____	_____
2. CREDIT LIFE.....	_____	_____	_____	_____
3. WHOLE LIFE .....	_____	_____	_____	_____
4. TERM LIFE .....	_____	_____	_____	_____
5. CAR POLICY .....	_____	_____	_____	_____
6. ACCIDENTAL.....	_____	_____	_____	_____
7. UNION LIFE .....	_____	_____	_____	_____
8. GROUP LIFE .....	_____	_____	_____	_____
9. VETERANS.....	_____	_____	_____	_____
10 SOC. SEC. ....	_____	_____	_____	_____
11 COMPANY PLAN...	_____	_____	_____	_____
12 DEATH BONUS .....	_____	_____	_____	_____

13 OTHER .....	_____	_____	_____	_____
----------------	-------	-------	-------	-------

Did surviving spouse own a separate life policy on Decedent's life? \_\_\_\_\_ If so, bring to attorney. \_\_\_\_\_

Did surviving spouse own life policies on children? \_\_\_\_\_ If so, bring to attorney. \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

**C: DECEDENT'S RETIREMENT/ANNUITY:**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Group Plan No. \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

Address for information: \_\_\_\_\_

Amount and types of coverage: \_\_\_\_\_

Amount being paid to Decedent before death: \_\_\_\_\_ When began? \_\_\_\_\_ Duration: \_\_\_\_\_

Amount now due the surviving spouse under decedent's retirement/annuity plan; how much monthly to be paid: \_\_\_\_\_

\_\_\_\_\_ For how long? \_\_\_\_\_

Age of surviving spouse: \_\_\_\_\_ Life expectancy: \_\_\_\_\_

Amounts to be paid under Group benefits in lump sum (exclude life insur.) \_\_\_\_\_

Stock option/purchase benefits: \_\_\_\_\_

Company bonuses due or paid on account of death: \_\_\_\_\_

**D: SURVIVING SPOUSE'S RETIREMENT/ANNUITY:**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Group Plan No. \_\_\_\_\_ Insurer's Name: \_\_\_\_\_

Address for information: \_\_\_\_\_

Amount and types of coverage: \_\_\_\_\_

Amount being paid to surviving spouse before death: \_\_\_\_\_ When began? \_\_\_\_\_ Duration: \_\_\_\_\_

Amount now due the surviving spouse under the surviving spouses' retirement/annuity plan; how much monthly to be paid: \_\_\_\_\_

\_\_\_\_\_ For how long? \_\_\_\_\_

Amounts to be paid under Group benefits in lump sum (exclude life insur.) \_\_\_\_\_

Stock option/purchase benefits: \_\_\_\_\_

Company bonuses due or paid on account of death: \_\_\_\_\_

Surviving spouse's current salary: \_\_\_\_\_

Accumulated bonuses/vacation pay/sick pay due surviving spouse at time of decedent's death and paid later: \_\_\_\_\_

VESTED INTEREST IN GROUP PLANS: \_\_\_\_\_

**XIV. DECEDENT'S LIABILITIES AND EXPENSES**

[Note: If any of these debts are still owing, they must be reported below even if a Federal Estate Tax Return will not be filed. Secured Creditors must, as of 1/1/96, be given written notice by certified mail of the decedent's death and probate of will.]

**A: FUNERAL/BURIAL EXPENSES:**

<u>Type</u>	<u>Name of Provider</u>	<u>Address</u>	<u>Total Cost</u>	<u>Amount still Owing</u>
Funeral home	_____	_____	_____	_____
Grave space	_____	_____	_____	_____
Head stone	_____	_____	_____	_____
Transportation	_____	_____	_____	_____
Church service	_____	_____	_____	_____
Preacher	_____	_____	_____	_____
Crematory	_____	_____	_____	_____
Other:	_____	_____	_____	_____

WAS THERE A PRE-PAID FUNERAL PLAN? \_\_\_\_\_ GIVE NAME/AMOUNTS: \_\_\_\_\_

**B: EXPENSES OF LAST ILLNESS:**

<u>Type</u>	<u>Name of Creditor</u>	<u>Address</u>	<u>Total Cost</u>	<u>Amount still Owing</u>
Hospital	_____	_____	_____	_____
Doctor	_____	_____	_____	_____
Ambulance	_____	_____	_____	_____
Life Flight	_____	_____	_____	_____
Drugs	_____	_____	_____	_____
Other	_____	_____	_____	_____

**C: SEPARATE DEBTS OF DECEDENT:** [Before marriage or by special contract.]

<u>Type</u>	<u>Name of Creditor</u>	<u>Address</u>	<u>Total Cost</u>	<u>Amount still Owing</u>
I.R.S.	_____	_____	_____	_____
JUDGMENT	_____	_____	_____	_____
HOME LIEN	_____	_____	_____	_____
AUTO LOANS	_____	_____	_____	_____

COUNTY TAX \_\_\_\_\_

SCHOOL TAX \_\_\_\_\_

PENDING LAWSUITS \_\_\_\_\_

UTILITIES \_\_\_\_\_

MEDICAL \_\_\_\_\_

PERSONAL NOTES \_\_\_\_\_

CREDIT CARDS \_\_\_\_\_

CHILD SUPPORT \_\_\_\_\_

ALIMONY \_\_\_\_\_

OTHERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D: COMMUNITY DEBTS OF DECEDENT:** *[Note: Attach list of creditors and their addresses, with account numbers.]*

Type                      Name of Creditor Address                      Total Cost                      Amount still Owing

I.R.S. \_\_\_\_\_

JUDGMENT \_\_\_\_\_

HOME LIEN \_\_\_\_\_

AUTO LOANS \_\_\_\_\_

COUNTY TAX \_\_\_\_\_

SCHOOL TAX \_\_\_\_\_

PENDING LAWSUITS \_\_\_\_\_

UTILITIES \_\_\_\_\_

MEDICAL \_\_\_\_\_

PERSONAL NOTES \_\_\_\_\_

CREDIT CARDS \_\_\_\_\_

CHILD SUPPORT \_\_\_\_\_

ALIMONY \_\_\_\_\_

OTHERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there P.I.P insurance collectible on account of decedent's death? \_\_\_\_\_ Has it been claimed? \_\_\_\_\_

Was there Uninsured Motorist insurance collectible? \_\_\_\_\_ Has a claim been filed? \_\_\_\_\_ Bring it in to attorney. \_\_\_\_\_

It is important to remember that **community property** includes any asset that may be in the name of one spouse, unless that spouse can prove it is separate property or was acquired as a gift or inheritance. Even if bought in one name as separate property and payments are to be made in installments, the community is liable for the debt and it will be deemed community property *unless the creditor expressly agreed to solely look to one party and that party's separate assets for satisfaction of the debt.*

IF THERE WAS A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT REGARDING THE RE-CHARACTERIZATION OF PROPERTY, THEN THE ATTORNEY MUST SEE THAT DOCUMENT. IS THERE ONE? \_\_\_\_\_

A LIST OF OTHER DOCUMENTS WILL BE HANDED TO YOU FOR YOU TO BRING IN TO THE ATTORNEY. IF YOU HAVE ANY QUESTION, PLEASE CALL YOUR ATTORNEY FIRST. STREET ADVICE CAN SOMETIMES LEAD A PARTY ASTRAY.

To rush the filing of the probate, you may first return pages one and two, along with a very sketchy description of the decedent's assets and their value - separating community assets from separate assets (ie. home worth \$?, 2 cars worth \$?, bank/savings of approx. \$?, etc.). The detailed list is for preparing inventory and determining whether or not to file estate tax returns.

LAW CHANGE 1995

SEPTEMBER 1, 1995 LAW CHANGE:

Notices by certified mail, return receipt requested, are required now to all **secured creditors (realty and personalty)**; and Notice to Creditors **must** be published by the Independent Executor/rix (even if there are no debts and/or the surviving spouse is personally liable for them anyway).

Further, there is no longer a requirement that notices be mailed to unsecured creditors, as the probate code's limitation no longer applies (4 year statute of limitation is more than likely applicable); **however, you may make the unsecured creditors file their claim within four months of mailing of notice to them, or be barred if they fail to do so.** It is thus important to consider this election - however, it may cause you to have to pay a lot of debts all at one time. Further, the notice to secured creditors can cause them to accelerate the debt and make it fully payable now, thus requiring the executor/rix to have to sell property in order to do so (or, work out a "renewal and extension agreement" with the secured creditor, if possible).

PLEASE INDICATE YOUR DESIRES HERE AS TO **SECURED CREDITORS**: \_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE YOUR DESIRES HERE AS TO **UNSECURED CREDITORS**: \_\_\_\_\_

\_\_\_\_\_

**ADDENDUM TO PROBATE QUESTIONNAIRE**  
**WILL AND/OR TESTIMONY WITNESSES**

*[Fill out only if there is no/defective self proving acknowledgment.]*

A. **SUBSCRIBING WITNESSES TO DECEDENT SIGNING WILL:**  
**[WILL WITNESS (DO) (DO NOT) HAVE TO TESTIFY AT TIME OF PROBATE?**  
**WHICH ONES ARE WILLING TO GO TO COURT? \_\_\_\_\_**

1. **WITNESS NO. ONE:** ALIVE? \_\_\_\_\_ DEAD? \_\_\_\_\_  
NAME: \_\_\_\_\_  
Address on date of Will: \_\_\_\_\_  
Today's Address: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

2. **WITNESS NO. TWO:** ALIVE? \_\_\_\_\_ DEAD? \_\_\_\_\_  
NAME: \_\_\_\_\_  
Address on date of Will: \_\_\_\_\_  
Today's Address: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

3. **WITNESS NO. THREE:** ALIVE? \_\_\_\_\_ DEAD? \_\_\_\_\_  
NAME: \_\_\_\_\_  
Address on date of Will: \_\_\_\_\_  
Today's Address: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

B. **HANDWRITING WITNESSES TO TESTIFY:**

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
NUMBER OF YEARS KNOW DECEDENT? \_\_\_\_\_  
RELATIONSHIP TO DECEDENT? \_\_\_\_\_  
HOW DID WITNESS COME TO KNOW HANDWRITING OF DECEDENT? \_\_\_\_\_  
\_\_\_\_\_

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_



PHONE NUMBER: \_\_\_\_\_

NUMBER OF YEARS KNOW DECEDENT? \_\_\_\_\_

RELATIONSHIP TO DECEDENT? \_\_\_\_\_

HOW DID WITNESS COME TO KNOW HANDWRITING OF DECEDENT? \_\_\_\_\_