



PROBATE QUESTIONNAIRE

In preparation for meeting with our firm regarding the settlement of the estate of your deceased loved one, please complete this questionnaire to the best of your ability.

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 discuss that when we meet. Please plan for the initial meeting to take about one hour.

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

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

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

The Mundheim Firm, PLLC
Marla M. Mundheim, Attorney at Law

EXECUTOR/APPLICANT INFORMATION

Date: _____
Name of
Executor/Applicant: _____ SS (last 3 digits: _____
DL (last 3 digits): _____
Address: _____
Home Ph: _____ Mobile: _____
Work: _____ e-mail: _____

PERSONAL INFORMATION OF DECEDENT

Name of Deceased: _____ SS (last 3 digits: _____
DL (last 3 digits): _____
Date of death: _____
City where death occurred: _____
Residence at death: _____ Age: _____
Left Will dated: _____
Year became Texas resident: _____ Date of birth: _____
Marital status at death: _____
Marital history: Name of spouse: Date married: Date marriage ended and if by divorce or other spouse's death:

Children: Name of child: Address: Date of birth (please also indicate any deceased child's date of death):

ASSET INFORMATION

Real Estate:
Mortgage: Y/N
Ownership: balance: Warranty Deed: Value:
1. _____ \$ _____
\$ _____

2. _____ \$ _____
\$ _____

3. _____ \$ _____
\$ _____

Life Insurance on LIFE OF DECEASED:

Type (term, whole life, universal or cash, company: variable): Beneficiary: Value: Benefit:

1. _____ \$ _____ \$ _____
2. _____ \$ _____ \$ _____
3. _____ \$ _____ \$ _____

Life Insurance on LIFE OF SURVIVING SPOUSE:

Type (term, whole life, universal or cash death, company: variable): Beneficiary: Value: Benefit:

1. _____ \$ _____ \$ _____
2. _____ \$ _____ \$ _____
3. _____ \$ _____ \$ _____

Tax Deferred Assets in the NAME OF DECEASED:

401K or IRA and Primary Current Name of Company: Beneficiary: Value:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Tax Deferred Assets in the NAME OF SURVIVING SPOUSE:

401K or IRA and Primary Current Name of Company: Beneficiary: Value:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____

Brokerage Accounts:

Name shown, Advisor & Value at Brokerage Co.: Acct. #: Phone #:

1. _____ \$ _____
_____ Ph.# _____
2. _____ \$ _____
_____ Ph.# _____
3. _____ \$ _____
_____ Ph.# _____
4. _____ \$ _____
_____ Ph.# _____

Mutual Funds:

Name of Fund: Value at Fund: Acct. #: on Account:

- 1. _____
\$ _____
- 2. _____
\$ _____
- 3. _____
\$ _____
- 4. _____
\$ _____

Stocks & Bonds (held outside of brokerage account):

Number of Shares, Name shown, Value, Name of Company: or Amount of Bond: on Certificate:

- 1. _____
\$ _____
- 2. _____
\$ _____
- 3. _____
\$ _____
- 4. _____
\$ _____

U.S. Savings Bonds:

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

Name shown on bond: _____

Bank Accounts:

Acct. type (CD, Name on, Value, Name of Bank: Acct. #: checking, savings): Account:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____
\$ _____

Vehicles:

Year: Make: VIN: Name on Title: Value:

- 1. _____ \$ _____
- 2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Businesses:

Type (corp., partnership, Percentage of Current buy-Name of Business sole proprietorship)

Ownership: sell agreement?

1. _____ % Yes or No

2. _____ % Yes or No

Tangible Personal Property:

Approximate value of household furnishings and personal belongings: \$ _____

(Based on value if sold)