INTESTATE ESTATE CONSULTATION/INTAKE

DATE _____ REFERRAL SOURCE _____

CONSULTATION FEE I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF THIS FEE IN ADVANCE UNLESS I AM A MEMBER OF A LEGAL SERVICE PLAN WHICH COVERS THIS COST. _____ **INITIALS**

ATTORNEY-CLIENT RELATIONSHIP I UNDERSTAND THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO ALL INFORMATION DISCLOSED DURING THE CONSULTATION HOWEVER, A SIGNED CONTRACT IS REQUIRED TO CREATE AN ONGOING ATTORNEY-CLIENT RELATIONSHIP. _____ **INITIALS**

YOUR INFORMATION - Use full legal name including generational suffixes (e.g. Jr., III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
US Citizen ☐ Yes ☐ No DL#_____ Issuing State _____ SSN _____
Physical Residence _____ Use for Mailings? ☐ Yes ☐ No
City/State/Zip _____ County _____
E-mail Address _____ Use for Communications? ☐ Yes ☐ No
Home# (_____)_____-_____ Work# (_____)_____-_____ Cell# (_____)_____-_____
Employer _____ Years/Months Employed _____ yrs _____mos
Employment Address _____ Position _____
Schedule _____ Relationship to Decedent _____

DECEDENT'S INFORMATION - Use full legal name including generational suffices (e.g. Jr. III)

First _____ Middle _____
Last _____ Maiden _____
Date of Birth _____ Place of Birth _____
US Citizen ☐ Yes ☐ No DL#_____ Issuing State _____ SSN _____
Physical Residence _____
City/State/Zip _____ County _____
Employer _____ Years/Months Employed _____ yrs _____mos
Employment Address _____ Position _____
Date of Death _____ Place of Death _____ Age at Death _____
Cause of Death as listed on Death Certificate _____
Marital Status at Death ☐Single/Widowed ☐Married to _____ as of _____ (date)
Mother's Name _____ Date of Death _____
Father's Name _____ Date of Death _____
Did Decedent apply for Medicaid after 2005? ☐No ☐Yes ☐Unknown

DECEDENT'S MARITAL AND FAMILY HISTORY

☐ Decedent was *formally* married at least one time - Complete the Marriage(s) Page
☐ Decedent was *informally/common law* married on the date of death. Complete the Marriage(s) Page
☐ Decedent had at least one child born to or adopted. Complete the Child(ren) Page
☐ Decedent had no child born to or adopted, was unmarried at death and no living parents. Complete the Sibling(s) Page
☐ Decedent had at least one child who died *before* him/her. Complete the Grandchild(ren) Page

Marriage(s)

(List marriages in order.)

Spouse # _____

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Date of Marriage ____________________ Place of Marriage (include County/State) _____________________________ I
Date Marriage Ended ____________________ This marriage ended by the death of ___________________________ OR
Marriage ended by divorce: Date ______________ in County _______________________ State ___________________
How many children were born or adopted during this marriage? _____ List all on Child(ren) page.

Spouse # _____

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Date of Marriage ____________________ Place of Marriage (include County/State) _____________________________ I
Date Marriage Ended ____________________ This marriage ended by the death of ___________________________ OR
Marriage ended by divorce: Date ______________ in County _______________________ State ___________________
How many children were born or adopted during this marriage? _____ List all on Child(ren) page.

Spouse # _____

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Date of Marriage ____________________ Place of Marriage (include County/State) _____________________________ I
Date Marriage Ended ____________________ This marriage ended by the death of ___________________________ OR
Marriage ended by divorce: Date ______________ in County _______________________ State ___________________
How many children were born or adopted during this marriage? _____ List all on Child(ren) page.

Spouse # _____

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Date of Marriage ____________________ Place of Marriage (include County/State) _____________________________ I
Date Marriage Ended ____________________ This marriage ended by the death of ___________________________ OR
Marriage ended by divorce: Date ______________ in County _______________________ State ___________________
How many children were born or adopted during this marriage? _____ List all on Child(ren) page.

Child(ren)

(Only list biological or adopted children of Decedent. Do not include step-children.)

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Mother's Name _____________________________ Father's Name _____________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Date of Adoption (if applicable) _________________________ Prior Name _____________________________________
At this child's birth, Decedent was: ☐Unmarried ☐Married to _______________________________

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Mother's Name _____________________________ Father's Name _____________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Date of Adoption (if applicable) _________________________ Prior Name _____________________________________
At this child's birth, Decedent was: ☐Unmarried ☐Married to _______________________________

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Mother's Name _____________________________ Father's Name _____________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Date of Adoption (if applicable) _________________________ Prior Name _____________________________________
At this child's birth, Decedent was: ☐Unmarried ☐Married to _______________________________

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Mother's Name _____________________________ Father's Name _____________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Date of Adoption (if applicable) _________________________ Prior Name _____________________________________
At this child's birth, Decedent was: ☐Unmarried ☐Married to _______________________________

First Name ____________________________________ Middle Name ____________________________________
Last Name ____________________________________ Maiden Name (if applicable) __________________________
Mailing Address _____________________________________ City/State/Zip ___________________________________
County ___________________________ Daytime Phone (_____)_____-________ E-mail __________________________
Mother's Name _____________________________ Father's Name _____________________________
Date of Birth ____________________ Date of Death (if applicable) ____________________
Date of Adoption (if applicable) _________________________ Prior Name _____________________________________
At this child's birth, Decedent was: ☐Unmarried ☐Married to _______________________________

Grandchild(ren)

(Only list grandchildren whose parent that was Decedent's child, died before Decedent.)

First Name ____ Middle Name ____
Last Name ____________________________________ Maiden Name (if applicable) ________________________________
Mailing Address ____ City/State/Zip ___________________________________
County ____________________________ Daytime Phone (_____)_____-_________ E-mail ___________________________
Mother's Name _____________________________ Father's Name ______________________________
Date of Birth ________________ Date of Death (if applicable) ________________
Date of Adoption (if applicable) _________________ Prior Name __________________________________

First Name ____ Middle Name ____
Last Name ____________________________________ Maiden Name (if applicable) ________________________________
Mailing Address ____ City/State/Zip ___________________________________
County ____________________________ Daytime Phone (_____)_____-_________ E-mail ___________________________
Mother's Name _____________________________ Father's Name ______________________________
Date of Birth ________________ Date of Death (if applicable) ________________
Date of Adoption (if applicable) _________________ Prior Name __________________________________

First Name ____ Middle Name ____
Last Name ____________________________________ Maiden Name (if applicable) ________________________________
Mailing Address ____ City/State/Zip ___________________________________
County ____________________________ Daytime Phone (_____)_____-_________ E-mail ___________________________
Mother's Name _____________________________ Father's Name ______________________________
Date of Birth ________________ Date of Death (if applicable) ________________
Date of Adoption (if applicable) _________________ Prior Name __________________________________

First Name ____ Middle Name ____
Last Name ____________________________________ Maiden Name (if applicable) ________________________________
Mailing Address ____ City/State/Zip ___________________________________
County ____________________________ Daytime Phone (_____)_____-_________ E-mail ___________________________
Mother's Name _____________________________ Father's Name ______________________________
Date of Birth ________________ Date of Death (if applicable) ________________
Date of Adoption (if applicable) _________________ Prior Name __________________________________

Sibling(s)

(Complete if Decedent was unmarried at death and had no living children, descendants or parents.)

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ____________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________
If deceased, did this sibling have children? ☐No ☐Yes - complete Niece/Nephew Page for this Sibling

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ____________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________
If deceased, did this sibling have children? ☐No ☐Yes - complete Niece/Nephew Page for this Sibling

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ____________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________
If deceased, did this sibling have children? ☐No ☐Yes - complete Niece/Nephew Page for this Sibling

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ____________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________
If deceased, did this sibling have children? ☐No ☐Yes - complete Niece/Nephew Page for this Sibling

Niece(s)/Nephews(s)

(Use this page only if you completed the Sibling Page and were directed to complete this page.)

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ___________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ___________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ___________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________

First Name ______________________________________ Middle Name ______________________________________
Last Name __________________________________ Maiden Name (if applicable) ______________________________
Mailing Address ______________________________________ City/State/Zip _________________________________
County __________________________ Daytime Phone (_____)_____-________ E-mail _________________________
Mother's Name ___________________________ Father's Name ____________________________
Date of Birth _______________ Date of Death (if applicable) _______________
Date of Adoption (if applicable) ________________ Prior Name ________________________________

DECEDENT'S ESTATE

(Provide as much information as possible. If there are documents available, provide a copy.)

Real Property (house, condominium, undeveloped land)
Address ____ County __________________ Year Acquired __________
Joint owners? ☐No ☐Yes: ____
Mortgage/Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Is property occupied? ☐No ☐Yes by ____________________________
If occupied is there a lease? ☐No ☐Yes (provide copy) ☐Unknown Are property taxes current? ☐No ☐Yes
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Address ____ County __________________ Year Acquired __________
Joint owners? ☐No ☐Yes: ____
Mortgage/Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Is property occupied? ☐No ☐Yes by ____________________________
If occupied is there a lease? ☐No ☐Yes (provide copy) ☐Unknown Are property taxes current? ☐No ☐Yes
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Address ____ County __________________ Year Acquired __________
Joint owners? ☐No ☐Yes: ____
Mortgage/Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Is property occupied? ☐No ☐Yes by ____________________________
If occupied is there a lease? ☐No ☐Yes (provide copy) ☐Unknown Are property taxes current? ☐No ☐Yes
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Personal Property
Vehicle/Boat Year/Make/Model ____ Year Acquired ____________
Name(s) on Title? ____ VIN __________________________________
Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Who is in possession/has keys? ________________________________
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Vehicle/Boat Year/Make/Model ____ Year Acquired ____________
Name(s) on Title? ____ VIN __________________________________
Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Who is in possession/has keys? ________________________________
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Vehicle/Boat Year/Make/Model ____ Year Acquired ____________
Name(s) on Title? ____ VIN __________________________________
Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Who is in possession/has keys? ________________________________
Is property insured? ☐No ☐Yes, thru insurer _________________________________ (date) ______________________

Vehicle/Boat Year/Make/Model ____ Year Acquired ____________
Name(s) on Title? ____ VIN _________________________________
Lien ☐No ☐Yes, approximate balance $__________ Current? ☐No ☐Yes
Co-Borrower(s) ☐No ☐Yes ____
Approximate Value $____________________ Who is in possession/has keys? ________________________________
Is property insured? ☐No ☐Yes, thru insurer ________________________________ (date) _____________________

Estimate the value as of the date of Decedent's death: Household Furnishing, Fixtures & Appliances $_______________
Fine Jewelry $_______________ Firearms $_______________ Collectibles/Antiques $____________________

Financial Accounts

Name/Address of Bank ____
Account # ____________________ Type of Account _______________ Balance at Death $____________________
Joint owners? ☐No ☐Yes _____________________________________ Right of Survivorship? ☐Yes ☐No ☐Unknown
If no joint owners with right of survivorship, any named Payable on Death Beneficiary? ☐No ☐Yes ☐Unknown
If yes, who? ____

Name/Address of Bank ____
Account # ____________________ Type of Account _______________ Balance at Death $____________________
Joint owners? ☐No ☐Yes _____________________________________ Right of Survivorship? ☐Yes ☐No ☐Unknown
If no joint owners with right of survivorship, any named Payable on Death Beneficiary? ☐No ☐Yes ☐Unknown
If yes, who? ____

Name/Address of Bank ____
Account # ____________________ Type of Account _______________ Balance at Death $____________________
Joint owners? ☐No ☐Yes _____________________________________ Right of Survivorship? ☐Yes ☐No ☐Unknown
If no joint owners with right of survivorship, any named Payable on Death Beneficiary? ☐No ☐Yes ☐Unknown
If yes, who? ____

Name/Address of Bank ____
Account # ____________________ Type of Account _______________ Balance at Death $____________________
Joint owners? ☐No ☐Yes _____________________________________ Right of Survivorship? ☐Yes ☐No ☐Unknown
If no joint owners with right of survivorship, any named Payable on Death Beneficiary? ☐No ☐Yes ☐Unknown
If yes, who? ____

Was Decedent earning income at the time of death other than Social Security? ☐No ☐Yes ☐Unknown
If yes, source(s) ____
____

Check all that you believe apply to Decedent's Estate:

☐ Life Insurance *without* beneficiary
☐ Life Insurance *naming estate as* beneficiary
☐ Securities without joint owner(s) or beneficiary
☐ Pension/Retirement *without* beneficiary
☐ Pension/Retirement *naming estate as* beneficiary
☐ Ongoing Business(es)
  ☐ Corporation ☐ LLC ☐ Partnership ☐ Other
☐ Agricultural Business(es)
  ☐ Corporation ☐ LLC ☐ Partnership ☐ Other

☐ Fractional/Timeshare Property
☐ Oil/Gas/Mineral Lease or Royalties
☐ Membership with transfer/sale rights
☐ Health Savings Account
☐ Insurance Claim Pendig
☐ Receivables (owed TO Decedent)
☐ Property in possession of someone else
☐ Other____
____

Estimated total value of ESTATE $_____
The fair market value of all real property in Texas and all personal property that did not automatically pass at Decedent's death. Do NOT include property that passes by payable on death or survivorship provision and do NOT deduct any debt owed on the property.

Check all that you believe apply to Decedent's Estate:

☐ Credit Card Debt
☐ Loans *without* collateral
☐ Unpaid Medical Expenses
☐ Unpaid Income Taxes
☐ Unpaid Child Support Obligation
☐ Unpaid/Ongoing Utility Accounts
☐ Pending Lawsuit/Litigation
☐ Unpaid Property Taxes
☐ Loans *with* collateral
☐ Other _____

Estimated total balance of Decedent's debts $_____

Briefly describe any issues/concerns you have, including immediate needs:

_____
_____
_____
_____

Texas law requires a Court to make a legal finding of who the heirs are of any person who dies without a will. This is known as intestacy. Once the heirs are determined, the laws of intestacy will dictate who inherits property and in what share. An administration (the handling of the Decedent's assets and debts) is required before any of Decedent's property can be released or transferred to another person. There are special provisions for surviving spouses, minor or disabled children as well. Characterization of property as separate property or community property also factors into who inherits certain property. Learning what was owned, how it was owned, when it was acquired, and the nature of all debts is extremely important and required in order to administer the estate. Additionally, a separate lawyer is appointed by the Court to represent potential unknown or unidentified heirs. The Court requires a deposit of $500 for the anticipated fees of this appointed lawyer.

Until a representative (administrator) of an estate is appointed by the court and qualifies, nobody has authority over the estate property. Having access to Decedent's bank accounts online or otherwise does not authorize anyone to use those funds even to pay debts of the Decedent. Legal fees incurred to determine the heirs of Decedent and to administer an estate are reimbursable to the person who pays those fees and expenses before any other debts are paid. Similarly, reasonable funeral and burial expenses advanced are reimbursable to the person who pays those expenses.

To be appointed as administrator of an estate, one must be qualified and not disqualified. To qualify one must be 18 years of age, of sound mind and good moral character, a resident of Texas (or have designated a resident agent), and not have any conflicting interests with the Decedent's estate (e.g. owe a debt, involved in a pending lawsuit). Disqualifications include some felony convictions such as theft, embezzlement or fraud, or having been declared by a Court as incapacitated. Discuss any questions you have about your qualifications or possible disqualifications with the attorney.

All distributees (person who inherit) of an estate must agree in writing on the advisability of an independent administration and to the person who will serve as independent administrator. This firm does not handle dependent administration matters. Please confirm the distributees agree to independent administration and to your appointment.

If there are debts owed by the Estate, you must be able to post a bond to insure you handle the Estate property correctly. The minimum bond is $20,000. (the yearly bond premium is typically about $400).

DISINTERESTED WITNESSES You must provide the following information for at least 2 adult persons who have no financial interest in this estate and who are familiar with the marital history and family history of Decedent. These person will be interviewed by the attorney appointed by the Court and must appear in Court to testify about that information. Common examples are a longtime co-worker, fellow church member, neighbor, close friend, in-laws, and former spouses.

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Daytime Phone _____ Email _____
How long has he/she known Decedent? Approximately _____ years.
How did he/she come to know Decedent? _____

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Daytime Phone _____ Email _____
How long has he/she known Decedent? Approximately _____ years.
How did he/she come to know Decedent? _____

First Name _____ Last Name _____
Address _____ City/State/Zip _____
Daytime Phone _____ Email _____
How long has he/she known Decedent? Approximately _____ years.
How did he/she come to know Decedent? _____