PROBATE LAW 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 _____
Are you named in the Will as Executor? ☐Yes ☐No, Who is? _____
Do you have the original Will? ☐Yes ☐No, Who does? _____

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 on Date Will Signed ☐Single ☐Married to _____ as of _____ (date).
Did Decedent's marital status change AFTER the Date Will Executed? ☐No ☐Yes - explain:
_____

Any children born to or adopted by Decedent AFTER the Date of the Will? ☐ No ☐ Yes (list each below)
Decedent survived by parent(s)? ☐ No ☐ Yes Mother ____________________ ☐ Yes Father ____________________
Did Decedent apply for Medicaid after 2005? ☐No ☐Yes ☐Unknown

BENEFICIARIES Complete for any person named in the Will to receive a part of the estate even if only a contingency.

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 __________________________
Relationship to Decedent:
☐ Spouse
☐ Adult Child ☐ Adopted? (When?_________________________)
☐ Minor Child ☐ Adopted? (When?_________________________)
Other Parent ____
☐ Grandchild by ______________________________________
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian ______________________

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 __________________________
Relationship to Decedent:
☐ Spouse
☐ Adult Child ☐ Adopted? (When?_________________________)
☐ Minor Child ☐ Adopted? (When?_________________________)
Other Parent ____
☐ Grandchild by ______________________________________
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian ______________________

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 __________________________
Relationship to Decedent:
☐ Spouse
☐ Adult Child ☐ Adopted? (When?_________________________)
☐ Minor Child ☐ Adopted? (When?_________________________)
Other Parent ____
☐ Grandchild by ______________________________________
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian ______________________

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 __________________________
Relationship to Decedent:
☐ Spouse
☐ Adult Child ☐ Adopted? (When?_________________________)
☐ Minor Child ☐ Adopted? (When?_________________________)
Other Parent ____
☐ Grandchild by ______________________________________
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian ______________________

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 _____
Relationship to Decedent:

☐ Spouse
☐ Adult Child ☐ Adopted? (When?_____)
☐ Minor Child ☐ Adopted? (When?_____)
Other Parent _____
☐ Grandchild by _____
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian _____

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 _____
Relationship to Decedent:

☐ Spouse
☐ Adult Child ☐ Adopted? (When?_____)
☐ Minor Child ☐ Adopted? (When?_____)
Other Parent _____
☐ Grandchild by _____
Is Grandchild a biological relation? ☐ Yes ☐ No
☐ Unrelated Adult
☐ Unrelated Minor - Parent of Guardian _____

DECEDENT'S ESTATE (income, assets, liabilities)

Real Property

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:
_____
_____
_____
_____

Until a representative (executor or 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 probate a Will and 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 executor 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.