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PROBATE QUESTIONNAIRE

In response to your contact with our office regarding handling the settlement of an Estate, enclosed herein please find a questionnaire for you to complete in preparation for your appointment.

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 cover that at our initial office conference.

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

1. Original Will;
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.

**Stephen C. Brewer,
Attorney at Law, P.C.**

PROBATE QUESTIONNAIRE

Date: _____

Name of

Executor/Applicant: _____ SS#: _____

Address: _____ Hm Ph #: _____

_____ Wk Ph#: _____

Email address(es): _____

Name of Deceased: _____ SS#: _____

Date of death: _____ City where death occurred: _____

Residence at death: _____

Left Will dated: _____ Age: _____

Year became Texas resident: _____ Date of birth: _____

Marital status at death: _____

Marital history: Name of spouse: _____

Date married: _____

Date marriage ended: _____

Marriage ended by divorce or death?: _____

Children:

Name of child: Address: Date of birth:

1. _____

2. _____

3. _____

4. _____

(List any additional children and their information at the end of document, if applicable)

ASSET INFORMATION

Real Estate: (PLEASE PROVIDE ME WITH A COPY OF WARRANTY DEEDS ON ALL REAL ESTATE.)

| Current Address: | Mortgage balance: | Ownership on Warranty Deed: | Value: |
|------------------|-------------------|-----------------------------|----------|
| 1. _____ | \$ _____ | _____ | \$ _____ |
| _____ | | | |
| 2. _____ | \$ _____ | _____ | \$ _____ |
| _____ | | | |
| 3. _____ | \$ _____ | _____ | \$ _____ |
| _____ | | | |

Life Insurance on LIFE OF DECEASED:

| Insurance Company: | Type (term, whole life, universal or variable): | Beneficiary: | Cash Value: | Death Benefit: |
|--------------------|---|--------------|-------------|----------------|
| 1. _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | | | | |
| 2. _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | | | | |
| 3. _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | | | | |

Life Insurance on LIFE OF SURVIVING SPOUSE:

| Insurance Company: | Type (term, whole life, universal or variable): | Beneficiary: | Cash Value: | Death Benefit: |
|--------------------|---|--------------|-------------|----------------|
| 1. _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | | | | |

2. _____ \$ _____ \$ _____

3. _____ \$ _____ \$ _____

Tax Deferred Assets in the NAME OF DECEASED:

| | 401K or IRA and Name of Company: | Primary Beneficiary: | Current Value: |
|----|-------------------------------------|-------------------------|-------------------|
| 1. | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ |
| 3. | _____ | _____ | \$ _____ |
| 4. | _____ | _____ | \$ _____ |

Tax Deferred Assets in the NAME OF SURVIVING SPOUSE:

| | 401K or IRA and Name of Company: | Primary Beneficiary: | Current Value: |
|----|-------------------------------------|-------------------------|-------------------|
| 1. | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ |
| 3. | _____ | _____ | \$ _____ |
| 4. | _____ | _____ | \$ _____ |

Brokerage Accounts:

| | Name of Brokerage Co.: | Acct. #: | Name shown on Account: | Advisor & Phone #: | Value at Date of Death: |
|----|---------------------------|----------|---------------------------|-----------------------|----------------------------|
| 1. | _____ | _____ | _____ | _____ | \$ _____ |
| | | | _____ | Ph.# _____ | |
| 2. | _____ | _____ | _____ | _____ | \$ _____ |
| | | | _____ | Ph.# _____ | |

3. _____ \$ _____
 _____ Ph.# _____

4. _____ \$ _____
 _____ Ph.# _____

Mutual Funds:

| Name of Fund: | Acct. #: | Name shown on Account: | Value at Date of Death: |
|---------------|----------|------------------------|-------------------------|
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |

Stocks & Bonds (held outside of brokerage account):

| Name of Company: | Number of Shares or Amount of Bond: | Name shown on Certificate: | Value at Date of Death: |
|------------------|-------------------------------------|----------------------------|-------------------------|
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |

U.S. Savings Bonds:

Number of bonds: _____ Face Value: \$ _____ Series: _____
 Name shown on bond: _____

Bank Accounts:

| Name of Bank: | Acct. #: | Acct. type (CD, checking, savings): | Name on Account: | Value at Date of Death: |
|---------------|----------|-------------------------------------|------------------|-------------------------|
| 1. _____ | _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | _____ | \$ _____ |
| 5. _____ | _____ | _____ | _____ | \$ _____ |
| 6. _____ | _____ | _____ | _____ | \$ _____ |
| 7. _____ | _____ | _____ | _____ | \$ _____ |
| 8. _____ | _____ | _____ | _____ | \$ _____ |
| 9. _____ | _____ | _____ | _____ | \$ _____ |
| 10. _____ | _____ | _____ | _____ | \$ _____ |

Vehicles:

| | Year: | Make: | VIN: | Name on Title: | Value: |
|----|-------|-------|-------|----------------|----------|
| 1. | _____ | _____ | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | _____ | _____ | \$ _____ |
| 3. | _____ | _____ | _____ | _____ | \$ _____ |
| 4. | _____ | _____ | _____ | _____ | \$ _____ |

