

SLATE LAW & ASSOCIATES
Attorneys At Law
1920 Country Place Parkway, Ste. 354
Pearland, Texas 77584
281-410-5780
Facsimile: 281-476-5811

Your Name: _____ **Retainer:** _____ (flat/hourly)

Date: _____ **Contested:** Y / N

CLIENT QUESTIONNAIRE - PROBATE

Please fill out this questionnaire. It is important that you answer each question **FULLY**.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege. In order to maintain confidentiality no one else can be present in the meeting with the attorney unless there is prior approval by the attorney.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF CIVIL EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Office Use Only:

County: _____ **Retainer Fee:** _____ **Contested: Yes / No**

Notes: _____

PART I - PERSONAL DATA

NAME of DECEDENT: _____
Alias Names (if any): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Place of Birth: _____
Date of Death: _____ Place of Death: _____
Social Security Number: _____
Was Decedent a U.S. citizen? Yes No (circle one)
If naturalized U.S. citizen, Date and Place of Naturalization: _____
Date of Will, if any: _____ Location of Will: _____
Date of Codicils, if any: _____ Location of Codicils: _____

NAME of PERSONAL REPRESENTATIVE: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Relationship to Decedent: _____

NAME of ALTERNATE REPRESENTATIVE:

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Relationship to Decedent: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Fax number: _____
E-mail: _____
Date of Birth: _____ Social Security Number: _____
Date and place of marriage/domestic partnership: _____
Status of Spouse (circle one): Living Deceased Under Conservatorship

CHILDREN'S INFORMATION:

| Name | Living | Age | Birthdate | Married | Address |
|-------------|---------------|------------|------------------|----------------|----------------|
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |
| _____ | Yes/No | ____ | _____ | Yes/No | _____ |

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.

OTHER DEPENDENTS, IF ANY:

| Name: | Age: | Residence: |
|--------------|-------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PART III - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

- (1) Separate Property – (a) is property that was owned before marriage; (b) property inherited from a probated estate; and/or (c) property received as a gift
- (2) Community property – is any property received, purchased or earned during the course of the marriage

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: \$ _____
Traveler's checks: \$ _____
Money orders: \$ _____

ACCOUNTS

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____

Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

STOCKS, BONDS & OTHER SECURITIES

(include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____

Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

REAL ESTATE

(include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS

(include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

RETIREMENT BENEFITS

(including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____

Employer: _____
 Starting date of creditable service: _____
 Percent vested: _____
 Account Title: _____
 Account number: _____
 Payee of survivor benefits: _____
 Designated beneficiary: _____
 Current account balance (as of _____): \$ _____

Name of plan: _____
 Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____
 Employer: _____
 Starting date of creditable service: _____
 Percent vested: _____
 Account Title: _____
 Account number: _____
 Payee of survivor benefits: _____
 Designated beneficiary: _____
 Current account balance (as of _____): \$ _____

Name of plan: _____
 Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____
 Employer: _____
 Starting date of creditable service: _____
 Percent vested: _____
 Account Title: _____
 Account number: _____
 Payee of survivor benefits: _____
 Designated beneficiary: _____
 Current account balance (as of _____): \$ _____

LIFE INSURANCE

Name of insurance company: _____
 Policy number: _____
 Name of owner: _____
 Name of insured: _____

Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

ANNUITIES

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____
Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____

Name of annuitant: _____
 Designated beneficiary: _____
 Date of issue: _____
 Type of annuity: _____
 Face Amount: \$ _____
 Amount of premiums [monthly/quarterly/semiannually]: \$ _____
 Current value (as of _____): \$ _____

Name of company: _____
 Policy number: _____
 Name of owner: _____
 Name of annuitant: _____
 Designated beneficiary: _____
 Date of issue: _____
 Type of annuity: _____
 Face Amount: \$ _____
 Amount of premiums [monthly/quarterly/semiannually]: \$ _____
 Current value (as of _____): \$ _____

MOTOR VEHICLES

(including mobile homes, cars, boats, trailers, and recreational vehicles)

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Current balance (as of _____): \$ _____
 Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Current balance (as of _____): \$ _____
 Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY

(including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOXES

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____
Box number: _____
Names of persons with access to contents: _____

Items in safe-deposit box: _____

How were you referred to this office (please check one)?:

- Personal reference: _____
- Internet – Website _____
- Other: _____