

PROBATE QUESTIONNAIRE

1. *General Information About Yourself*

Name _____

Address _____

Telephone Number (Home) _____ (Business) _____

Occupation _____

Business Address _____

Social Security Number _____

Relationship to Decedent _____

2. *General Information About Decedent*

Name _____ Citizenship _____

Decedent's most recent address _____

Decedent's county of residence _____

Was Decedent born in Texas? _____ If no, when did Decedent move to Texas? _____

What was Decedent's occupation at the time of death? _____

Decedent's business address & telephone _____

List the names, addresses and telephone numbers of Decedent's physicians at the time of death _____

How many children were born to or adopted by Decedent? _____

How many children have survived Decedent? _____

List the names, addresses and telephone numbers of Decedent's heirs and their relationship to decedent. (Include all children born, or adopted by Decedent)

Decedent's marital status at time of death

Married Single Legally Separated Widow(er) Divorced

List the dates of each marriage, name of spouse, and whether the marriage was terminated (if terminated, state how ie. divorce, death).

Was Decedent confined in a hospital during his/her last illness? _____ If yes, list name of hospital _____

Does Decedent have a safe deposit box either alone or jointly with another? _____ If yes, state the name of the Bank where the box is located _____

Attach a list of the contents of the safe deposit box.

Was Decedent a veteran? _____

Did Decedent have an accountant or bookkeeper assist with the preparation of Decedent's Federal Income Tax Returns? _____ If yes, please state name, address and telephone number _____

Did Decedent own any interest in a business, joint venture or partnership? _____ If yes, please describe _____

Decedent's Social Security Number _____

3. Decedent's Property

Please list Decedent's property below. Note that Decedent's property includes everything owned by Decedent, either alone or jointly with another, at death:

Real Estate

Property 1 - Location _____

Date Acquired _____

How Acquired (purchase, inheritance or gift) _____

If purchased, state original cost _____

Have substantial improvements been made since acquired by Decedent? _____ If

yes, please describe, including cost of improvement _____

Property 2 - Location _____

Date Acquired _____

How Acquired (purchase, inheritance or gift) _____

If purchased, state original cost _____

Have substantial improvements been made since acquired by Decedent? ____ If
yes, please describe, including cost of improvement _____

Mineral and Royalty Interests - Did Decedent own any mineral or royalty interests? ____
If yes, please describe _____

Stocks and Bonds - List any stocks or bonds owned by Decedent at death

Description (Name of Stock or Bond)	No. Of Shares	Name(s) on Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and telephone number of Decedent's stock broker _____

Cash, Bank Accounts and Promissory Notes

Name of Bank	Type of Account	Holders	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certificates of Deposit

Name of Bank	Date Acquired Date Due	Name on CD	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cash on Hand

Location _____ Amount _____

Promissory Notes - Did Decedent hold any promissory notes at the time of death? ___ If yes, please describe _____

Life Insurance

Name of Insurance Co.	Policy No.	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Miscellaneous Property

Automobiles - Year	Make	Model	Value on date of death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Furnishings (other than antiques) - approximate value _____

Antiques and other articles of intrinsic value (coin or stamp collections, guns, etc.)
(Article and approx. value) _____

Uncashed check held by Decedent on date of death _____

Other property owned by Decedent _____

Retirement Benefits - Was Decedent a participant in any pension or profit sharing plan?

_____ If yes, is anyone receiving a monthly pension from Decedent's employer following Decedent's death? _____. If yes, state name and monthly amount _____

Annuities - Was Decedent receiving an annuity at death? _____ If yes, did the annuity continue to pay any benefit to a designated beneficiary after Decedent's death? _____.

Debts - List all of Decedent's alleged debts, including charge accounts, household utilities, city and state taxes on any real estate, car notes, boat loans etc.

Description	Collateral	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any credit life insurance on any of the above debts? ____ If yes, please describe

Miscellaneous

If you have not already done so, please submit the following documents to this office:

1. Death Certificate
2. All Life Insurance Policies (i) insuring Decedent's life and (ii) owned by Decedent at time of death)
3. List of contents of safe deposit box
4. Deeds to any real estate and related loan documents, and a copy of the title policy and any closing statement relating to Decedent's purchase of the property
5. Copy of Decedent's Federal Income Tax Returns for the current year (if available) and for the last 3 years.
6. Certificates of Title to any automobiles, mobile homes, tractors, trailers or boats.
7. Financial statements and tax returns for any business, joint venture or partnership for the current year, if any, and for the last 5 years
8. Copy of Decedent's Will
9. Copies of statements of account for each of Decedent's bank accounts at his/her date of death
10. Copies of statements of account for each of Decedent's brokerage accounts at his/her date of death
11. Copies of statements of account for each of Decedent's debts, mortgages and charge accounts at his/her date of death.

LIMITED LIABILITY COMPANY INFORMATION FORM

I. INTRODUCTORY INFORMATION

Client's name _____

Contact person _____

Type of business _____

Purpose of business _____

Date business to begin _____

Form as a Professional Limited Liability Company Yes _____ No _____

Form as a Series Limited Liability Company Yes _____ No _____

II. COMPANY NAME

Name of the limited liability company _____

1st choice _____

2nd choice _____

3rd choice _____

State of limited liability company _____

Assumed name certificate: Yes _____ No _____

If yes, assumed name to be used _____

III. OTHER ESSENTIAL FILING DETAILS

Check if Meyer & Colegrove, PLLC to act as registered agent _____

If not using Meyer & Colegrove, PLLC, please complete the following information.

Registered agent's name _____

Registered office address _____

Phone no. _____ Fax no. _____

Will company conduct business in other states? Yes _____ No _____

If yes, name of states and counties _____

Names under business will be conducted _____

Period of duration: Perpetual _____ Other _____

Company's purposes:

General purpose clause _____

Specific purpose clause _____

MEMBERS

Membership Interests

Classes of interests: Yes _____ No _____

If yes, other rights and preferences _____

Original members:

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

V. MANAGEMENT STRUCTURE

Will the company's management structure include managers? Managers are not required, if managers not selected, then company will be member managed. Yes _____ No _____

Number of managers _____

Manager's name _____

Address _____

Phone no. _____ Fax no. _____

Manager's name _____

Address _____

Phone no. _____ Fax no. _____

Term of managers _____

Staggered terms, if desired _____

Qualifications for serving _____

Compensation _____

Quorum requirements for managers' meetings _____

VI. ORGANIZATIONAL MEETING

Date _____ Time _____

Place _____

Name of the chairman of the organizational meeting _____

Name of the secretary of the meeting _____

Date regulations approved _____

Officers elected: (Officers are not required for a limited liability company)

President _____

Vice-President _____

Secretary _____

Treasurer _____

NOTES

CLIENT INFORMATION

PERSONAL/FAMILY DATA

FULL NAME (SPOUSE 1)

Last

First

Middle

FULL NAME (SPOUSE 2)

Last

First

Middle

Date and Place of Marriage:

	HUSBAND	WIFE
Date of Birth		
Place of Birth		
Home Address		
Email Address		
Residence Phone		
State of Health		
Employer		
Employer Business Phone		
Occupation		
Citizenship		
Military Service/Rank and Serial Number		

PREVIOUS MARRIAGE

If either of you have been married before please provide copies of any Divorce Decrees

HUSBAND'S FORMER SPOUSE

WIFE'S FORMER SPOUSE

Describe financial responsibility, if any, still existing, arising out of divorce, or date of death of former spouse if marriage ended by death:

YOUR ADVISORS

	HUSBAND	WIFE
Accountant		
Banker (Bank)		
Investment Advisor		
Life Insurance Agent		
Agent (Power of Attorney)		
Physician		

FINANCIAL INFORMATION

ESTIMATED FAIR MARKET (SALE) VALUE
(ATTACH SCHEDULES IF NECESSARY)

	Ownership in Husband's Name	Ownership in Wife's Name	Ownership in Joint Names
ASSETS			
Real Estate - Residence Vacation home Other real estate			
Home Furnishings			
Automobiles			
Stocks			
Bonds and Notes			
Savings Accounts, C.D.'s, etc.			
Interest in Profit Sharing or Retirement Plans or Keogh Plans			
Independent Retirement Plan (IRA)			
Interest in Valuable Stamp/ Coin/Art Collections/Antiques (Please make a separate list)			
Life Insurance (death value) See next page			
Value of Business Assets if self-employed or interest in partnership or closely held corporation			
Miscellaneous Assets			
TOTAL ASSETS			
LESS: MORTGAGE, LOANS AND OTHER LIABILITIES			
NET ASSETS			

FAMILY OBJECTIVES, including lifetime gifts or bequests to other than your immediate family.

GUARDIAN(S) of your children:

<u>PRIMARY</u>	<u>ALTERNATE</u>
Name: _____	Name: _____
Address: _____	Address: _____
Relationship _____	Relationship _____

EXECUTOR(S) of Husband Will (also called "Personal Representatives"):

<u>PRIMARY</u> (Normally Wife)	<u>ALTERNATE</u>
Name: _____	Name: _____
Address: _____	Address: _____
Relationship _____	Relationship _____

EXECUTOR(S) of Wife Will (also called "Personal Representatives"):

<u>PRIMARY</u> (Normally Husband)	<u>ALTERNATE</u>
Name: _____	Name: _____
Address: _____	Address: _____
Relationship _____	Relationship _____

TRUSTEE(S) of any Trust:

<u>PRIMARY</u>	<u>ALTERNATE</u>
Name: _____	Name: _____
Address: _____	Address: _____
Relationship _____	Relationship _____

Age of distribution to beneficiaries under the age of 18: _____

Are there any special items you would like to have incorporated in your estate plan?

ANCILLARY DOCUMENTS - HUSBAND

Statutory Durable Powers of Attorney.

The Statutory Durable Powers of Attorney are very powerful documents designed to allow the designated person or persons to manage your financial affairs. For instance, your agent has the power to buy and sell real estate, open and close bank accounts, change beneficiaries on life insurance, retirement plans and individual retirement accounts, and sign your tax returns. These are just a few of the powers you will be giving to your agent. Accordingly, your agent needs to be a person you trust completely.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number: (____) _____	(____) _____	(____) _____	(____) _____
Relationship	_____	_____	_____

Medical Powers of Attorney.

The Medical Powers of Attorney allow the designated person or persons to consent to medical care on your behalf should you suffer an injury or become mentally disabled. The Medical Powers of Attorney are designed to become effective if either of you becomes unable to make your own health care decisions and that fact is certified in writing by your physician. The agent you appoint may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent's authority begins when your doctor certifies that you lack the capacity to make health care decisions. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number: (____) _____	(____) _____	(____) _____	(____) _____
Relationship	_____	_____	_____

Directives to Physicians and Family or Surrogates.

The Directive to Physicians and Family or Surrogates (also known as a "Living Will" or an "Advance Directive") is a new form created by the Texas legislature. You will need to make certain choices regarding the types of medical treatments that will be provided to you under certain circumstances, and you can list particular treatments you do not want in specific circumstances.

Designation of Guardian for You

You can appoint someone to act as the guardian for you and/or your estate. This can be important if you are incapacitated and need a guardian.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number: (____) _____	(____) _____	(____) _____	(____) _____
Relationship	_____	_____	_____

Directions regarding funeral/cremation:

Original Estate Planning Documents.

It is important to keep the original estate planning documents in a safe place and to let someone know where the documents are and how to retrieve them.

COMMUNITY PROPERTY

Do you own "Community Property"? Yes _____ No _____

Generally all property acquired by a husband and wife during their marriage from earnings of either spouse, while domiciled in a community property state, as well as property located in a community property state acquired during marriage, is owned equally by them and is called community property.

If you or your spouse have resided, during marriage, in any community property law state(s) such as Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, specify the name of the state(s) and dates of residence.

State(s) _____

Dates of Residence _____

ANCILLARY DOCUMENTS - WIFE

Statutory Durable Powers of Attorney.

The Statutory Durable Powers of Attorney are very powerful documents designed to allow the designated person or persons to manage your financial affairs. For instance, your agent has the power to buy and sell real estate, open and close bank accounts, change beneficiaries on life insurance, retirement plans and individual retirement accounts, and sign your tax returns. These are just a few of the powers you will be giving to your agent. Accordingly, your agent needs to be a person you trust completely.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____ _____	_____ _____	_____ _____
Phone number: (____) _____	(____) _____	(____) _____	(____) _____
Relationship	_____	_____	_____

Medical Powers of Attorney.

The Medical Powers of Attorney allow the designated person or persons to consent to medical care on your behalf should you suffer an injury or become mentally disabled. The Medical Powers of Attorney are designed to become effective if either of you becomes unable to make your own health care decisions and that fact is certified in writing by your physician. The agent you appoint may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent's authority begins when your doctor certifies that you lack the capacity to make health care decisions. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____ _____	_____ _____	_____ _____
Phone number: (____) _____	(____) _____	(____) _____	(____) _____
Relationship	_____	_____	_____

Directives to Physicians and Family or Surrogates.

The Directive to Physicians and Family or Surrogates (also known as a "Living Will" or an "Advance Directive") is a new form created by the Texas legislature. You will need to make certain choices regarding the types of medical treatments that will be provided to you under certain circumstances, and you can list particular treatments you do not want in specific circumstances.

Designation of Guardian for You

You can appoint someone to act as the guardian for you and/or your estate. This can be important if you are incapacitated and need a guardian.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number: () _____	() _____	() _____	() _____

Directions regarding funeral/cremation:

Original Estate Planning Documents.

It is important to keep the original estate planning documents in a safe place and to let someone know where the documents are and how to retrieve them.

COMMUNITY PROPERTY

Do you own "Community Property"? Yes ___ No _____

Generally all property acquired by a husband and wife during their marriage from earnings of either spouse, while domiciled in a community property state, as well as property located in a community property state acquired during marriage, is owned equally by them and is called community property.

If you or your spouse have resided, during marriage, in any community property law state(s) such as Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, specify the name of the state(s) and dates of residence.

State(s) _____

Dates of Residence _____

PERSONAL INFORMATION SHEET AND SPECIFIC SCHEDULES

Please BRING WITH YOU for your next appointment the following items as they may apply to you:

1. All insurance policies, annuities and similar documents.
2. Bring copies of any Powers of Attorney you may have granted.
3. Copies (or originals) of all Deeds or Certificates of Title to any real property you own, wherever located, including Contracts for Deed for property you have which you are buying or have sold.
4. List of all business interests you have, including percentage interest, type of business, business name and location and any information which has an effect on your interest.
5. Copies of Antenuptial Agreements or Postnuptial Agreements, if any.
6. Your last Will(s) and Codicils/Trusts.
7. Wills/Trusts of family members, if pertinent.
8. Divorce Decrees to Separation Agreements, if applicable.
9. This Estate Checklist and your last personal financial statement, if more appropriate.
10. Business documents (Partnership Agreements/Buy-Sell Agreements/Employment Agreements).
11. Pension/Profit Sharing/IRA materials (last plan summary or IRA statement).