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PROBATE QUESTIONNAIRE

Your appointment with this office is: _____ at _____

We ask a lot of questions on this form because we need a lot of information to properly file and complete a Probate. Do your best, but don't worry if some of the information you need to complete this form is not available to you. Please call us at if you have any questions or concerns about completing this form.

1. PERSONAL DATA

Name of DECEDENT: _____

Alias Names (if any): _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

SSN*: _____ *REQUIRED BY THE COURT

Driver's License Number & State of Issue*: _____ *REQUIRED BY THE COURT

US Citizen? Yes No

If Naturalized U.S. Citizen, date and place of Naturalization: _____

Veteran? Yes No

Home Address: _____

Home City, State, Zip: _____

Location of Will, if any: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

Name:

Relationship:

Phone - Home:

Cell:

Best # to Call:

**Name/Info of PERSONAL
REPRESENTATIVE/
EXECUTOR:**

SSN*:

***REQUIRED BY COURT**

**Driver's
License # &
State of Issue*:**

***REQUIRED BY COURT**

Email:

Address:

**City, State,
Zip:**

2. BENEFICIARIES or HEIRS AT LAW

Name:

Phone Home:

Cell:

Best # to Call:

Email:

Address:

City, State, Zip:

**Name/Info of SPOUSE/
DOMESTIC PARTNER:**

Date of Birth:

**Social Security
Number:**

**Date and Place of
Marriage/Domestic
Partnership:**

Living

Status of Spouse: **Deceased / Date of Death:**

Under Conservatorship

CHILDREN:

1) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

2) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

3) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

4) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

5) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

6) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

7) Name:	Age:
Address:	Birthdate:
City, State, Zip:	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other parent of child, if not decedent's surviving spouse/partner:	

OTHER DEPENDENTS, if any:

1) Name:	Age:
Address:	Birthdate:
City, State, Zip:	

2) Name:	Age:
Address:	Birthdate:
City, State, Zip:	

Please provide the following information regarding decedent's former marriages, if any:

1) Name:	
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Divorce or Death:

2) Name:	
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Divorce or Death:

3) Name:	
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Divorce or Death:

3. 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.

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:

1) Name of Financial Institution:	
Account Title:	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other:
Current Account Balance: (as of):	\$

2) Name of Financial Institution:	
Account Title:	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other:
Current Account Balance: (as of):	\$

3) Name of Financial Institution:	
Account Title:	
Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other:
Current Account Balance: (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.):

1) Street Address of Property:	
County/State of Property:	
Legal Description (if necessary, attach a copy to this questionnaire):	
Current Fair Market Value (as of):	\$
Mortgage Company and Account Number (if any):	Company: Account #:
Mortgage Balance (as of):	\$
Other Liens Against Property:	
Current Net Equity In Property:	\$

2) Street Address of Property:	
County/State of Property:	
Legal Description (if necessary, attach a copy to this questionnaire):	
Current Fair Market Value (as of):	\$
Mortgage Company and Account Number (if any):	Company: Account #:
Mortgage Balance (as of):	\$
Other Liens Against Property:	
Current Net Equity In Property:	\$

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles):

1) 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:	\$

2) 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.):

1) Description of Asset:	
Owner:	
Current Value:	\$

2) Description of Asset:	
Owner:	
Current Value:	\$

3) Description of Asset:	
Owner:	
Current Value:	\$

4) Description of Asset:	
Owner:	
Current Value:	\$

5) Description of Asset:	
Owner:	
Current Value:	\$

SAFE DEPOSIT BOXES:

1) Name of Depository:	
Box Number:	
Names of Persons with Access to Contents:	
Items in Safe Deposit Box:	

2) Name of Depository:	
Box Number:	
Names of Persons with Access to Contents:	
Items in Safe Deposit Box:	

INDICATE DOCUMENTS TO BRING TO INTERVIEW:

<input type="checkbox"/> 1. Death certificate
<input type="checkbox"/> 2. Deeds to property
<input type="checkbox"/> 3. Mortgages
<input type="checkbox"/> 4. Vehicle titles
<input type="checkbox"/> 5. Savings account passbooks, statements relating to certificates of deposit, money market certificates and liquid daily asset accounts
<input type="checkbox"/> 6. Other: