PROBATE QUESTIONNAIRE Vance E. Hendrix, PC

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903.944.7800

Date:			
Legal Name:			
Address:			
County of Residence:			
Email Address:			
Telephone:			
Date of Birth:			
Last 4 of Social Security No.	Last 4 of Driver's Li	cense No.	
Decedent's Legal Name:			
C + CD :1			
County of Death:			
Date of Birth:	Date of Death:		
Last 4 of Social Security No.	Last 4 of Driver's Li	cense No.	
		YES	NO
Did Decedent leave a Will?		125	110
If Decedent left a Will, do you	have the original?		
Did Decedent have a premarita			
Did Decedent ever file a Gift T			
	ng obligation to a former spouse?		
Is Decedent the creator or bene			
Is Decedent a current party or p	•		

Family Information

List all of Decedent's <u>living</u> cl	hildren.		
Legal Name	Address		
	_		
	_		
List all deceased children.			
Legal Name(s)			
		YES	NO
Did Decedent adopt any child	ren?		
Did Decedent treat any non-bi	iological children as his/her own?		

Estate Assets

Real Estate & Mineral Inter For each tract of real proper of Texas).		e address, and county (and state if outside	10
Address		County	
			_
Cash/Savings For each account, list the b	ank name, the beneficiaries (it	f any), and estimated value.	
Institution Name	Beneficiaries	Value	
			_
	<u> </u>		
			_

	Beneficiaries	Value
	 , -	
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), Pension plans, Annuities, IRAs stitution name, the beneficiaries, an	nd estimated value.
or each account, list the ins		nd estimated value. Value
each account, list the ins	stitution name, the beneficiaries, an	
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Business Interests

For each business, list the legal name, ownership, and value.

Business Name	Ownership Interest	Value
Life Insurance For each policy, list the b	eneficiaries, and estimated cash value.	
Institution Name	Beneficiaries	Cash Value

Description	Beneficiaries	Value
estimated total value of De	ecedent's estate	
Estimated total value of Do	ecedent's estate	