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**PROBATE INFORMATION QUESTIONNAIRE**

**CONFIDENTIAL**

Attach additional pages if more space is needed.

**1. Legal Name of Deceased**

\_\_\_\_\_

. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

. County of residence \_\_\_\_\_

. Social Security Number \_\_\_\_\_

Texas Drivers License Number \_\_\_\_\_

. Date of Birth \_\_\_\_\_

Death certificate ordered? \_\_\_\_\_ Please provide a copy asap

**Name of Administrator and/or Executor listed on the will**

\_\_\_\_\_

2. Telephone No. \_\_\_\_\_

3. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. County of residence \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

Texas Drivers License Number \_\_\_\_\_

6. Date of Birth \_\_\_\_\_

7. Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

8. Deceased Marital History

a. Currently married? Yes \_\_\_ No \_\_\_. If yes, complete the following:

Full name of spouse \_\_\_\_\_

Date of marriage \_\_\_\_\_

b. Widowed? Yes \_\_\_ No \_\_\_. If yes, complete the following:

Deceased spouse's full name \_\_\_\_\_

Date of death \_\_\_\_\_

Residence at date of death (include city, county & state) \_\_\_\_\_

**Did deceased leave a will? Yes \_\_\_ No \_\_\_. If yes, please provide a copy of the will.**

c. Deceased Divorced? Yes \_\_\_ No \_\_\_. If yes, please complete the following:

Name of former spouse \_\_\_\_\_

Date of divorce \_\_\_\_\_

Place of divorce \_\_\_\_\_

9. List any children born to or adopted by deceased:

| <u>Name</u> | <u>Date of Birth</u> |
|-------------|----------------------|
| _____       | _____                |
| _____       | _____                |
| _____       | _____                |

Are any of the above listed children from a prior marriage? If so, please indicate which children and indicate whether the children live with you or someone else.

Are any of the above children deceased? If so, please indicate which children.

\_\_\_\_\_

9b. If NO children of the deceased, List any surviving parents and siblings:

| <u>Name</u> | <u>Date of Birth</u> | <u>Relationship</u> |
|-------------|----------------------|---------------------|
| _____       | _____                | _____               |
| _____       | _____                | _____               |
| _____       | _____                | _____               |

12. Determining the value of Deceased estate. This worksheet will help you determine the value of your taxable estate.

To determine the value of your assets, include the following:

(1) **One-half of the value of all community property.** Texas is a community property state. Community property includes assets acquired during the marriage. Gifts or inheritances received during the marriage are separate property; the full value is included in the estate. Property acquired in non-community property states or prior to marriage may be separate property.

\_\_\_\_\_

(2) **Full value of property of which deceased is the sole owner.**

- (3) **Proportionate share of property deceased owned with other persons** (i.e., you and three friends own equal shares of property, you would include 1/4 of the value as your interest.)
- (4) **Value of the proceeds of any insurance policies on deceased life**, if you retain "incidents of ownership" in the policy, such as the right to change the beneficiary or borrow against the policy. If you used community funds to pay premiums on your life, include one-half the value of the insurance policy. If you used community funds to pay premiums on life insurance for your spouse, include one-half the value of insurance policies on your spouse.
- (5) **Value of your interest in pension and profit-sharing plans.**
- (6) **Value of property placed in revocable trust.**

**ASSETS**

Cash in checking, savings, money-market accounts \_\_\_\_\_

Home \_\_\_\_\_

Other real estate \_\_\_\_\_

Stocks \_\_\_\_\_

Bonds \_\_\_\_\_

Mutual funds \_\_\_\_\_

Other investments \_\_\_\_\_

Personal property  
(cars, boats, furniture, jewelry, etc.) \_\_\_\_\_

Art, antiques, collectibles \_\_\_\_\_

Proceeds of life insurance policies on self  
and spouse \_\_\_\_\_

Pension, profit-sharing benefits, IRAs \_\_\_\_\_

Business interests \_\_\_\_\_

Claims/money owed to you \_\_\_\_\_

(loans made to others, mortgages, rents,  
professional fees, personal injury awards)

Other assets \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

\_\_\_\_\_

**LIABILITIES**

Mortgages \_\_\_\_\_

Loans and notes \_\_\_\_\_

Taxes \_\_\_\_\_

Consumer debt \_\_\_\_\_

Other liabilities \_\_\_\_\_

**TOTAL LIABILITIES** \_\_\_\_\_

\_\_\_\_\_

**NET WORTH FOR ESTATE TAX PURPOSES** \_\_\_\_\_

\_\_\_\_\_

13. Deceased have any other sources of income? (i.e., child support, royalties, etc.) If so, please describe the source of income, how you acquired it (i.e., purchase, gift, inherited), and amount of income.

**14. Will Provisions**

a. Executor (the person who will administer estate)

(1) Primary

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

(2) First Alternate

Name \_\_\_\_\_

Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

(3) Second Alternate

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Thank you for taking time to complete this questionnaire. It will assist us when discussing your estate plan and will expedite the process. If you have questions, you may telephone our office at (214) 637-8866. **After completing the questionnaire, please make a copy for your records and email me a copy at [rwilson429@aol.com](mailto:rwilson429@aol.com).** We look forward to assisting you with your estate planning needs.