



OWENS LAW FIRM

HELOTES + SAN ANTONIO + SOUTH TEXAS

PROBATE WORKSHEET

Owens Law Firm - Paul Owens, Attorney
Estate and Trust Planning

I. CLIENT INFORMATION

NAME of CLIENT: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

E-mail: _____

Date of Birth: _____

Relationship to Decedent: _____

Social Security Number (last 4 digits): _____

TX Driver's License (last 4 digits): _____

II. DECEDENT INFORMATION

NAME of DECEDENT: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Social Security Number (last 4 digits): _____

TX Driver's License (last 4 digits): _____

Was Decedent a U.S. citizen? Yes No

Did Decedent leave a Will? Yes No

Do you have the death certificate? Yes No

III. DECEDENT'S BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____

Date of Birth: _____

Social Security Number (last 4 digits): _____

Date and place of marriage/domestic partnership: _____

Status of Spouse: Living Deceased (date of death _____)

If deceased, was his/her estate settled or probated? Yes No

CHILDREN'S INFORMATION:

1. Name: _____

Living: Yes No

Married: Yes No

Address: _____

Birthdate: _____

Name of child's other parent (if not decedent's surviving spouse/partner):

2. Name: _____

Living: Yes No

Married: Yes No

Address: _____

Birthdate: _____

Name of child's other parent (if not decedent's surviving spouse/partner):

3. Name: _____

Living: Yes No

Married: Yes No

Address: _____

Birthdate: _____

Name of child's other parent (if not decedent's surviving spouse/partner):

4. Name: _____
 Living: Yes No
 Married: Yes No
 Address: _____
 Birthdate: _____
 Name of child's other parent (if not decedent's surviving spouse/partner):

5. Name: _____
 Living: Yes No
 Married: Yes No
 Address: _____
 Birthdate: _____
 Name of child's other parent (if not decedent's surviving spouse/partner):

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name of former spouse	Still Living	Date of Marriage	Date of Death/Divorce/Place
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Did the Deceased own Real Estate (House) that will need to be sold? Yes No

Would you like information on a Real Estate Agent that understands the issues related to Probate property sales? Yes No

Do you have any felony convictions? Yes No

Did the Decedent go by any other names? Yes No

IV. DECEDENT'S ASSETS

REAL ESTATE:

1. Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value: \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage: \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community Property: _____

2. Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value: \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage: \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Separate or Community Property: _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

1. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value: \$ _____

Separate or Community Property: _____

2. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value: \$ _____

Separate or Community Property: _____

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 _____) \$ _____

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: _____
Current market value (as of _____): \$ _____
Separate or Community Property: _____

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

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities)

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____): \$ _____
Separate or Community Property: _____

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____): \$ _____
Separate or Community Property: _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Face amount: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Face amount: \$ _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____ Face Amount: \$ _____
Current value (as of _____): \$ _____

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

1. Year: ____ Make: _____ Model: _____
Separate or Community Property? _____
Co-owner: _____
Name on certificate of title: _____
Vehicle identification number (VIN): _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current value: \$ _____

2. Year: ____ Make: _____ Model: _____
Separate or Community Property? _____

Co-owner: _____
Name on certificate of title: _____
Vehicle identification number (VIN): _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current value: \$ _____

3. Year: ____ Make: _____ Model: ____
Separate or Community Property? _____
Co-owner: _____
Name on certificate of title: _____
Vehicle identification number (VIN): _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current value: \$ _____

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.)

Household Furniture:
Separate or Community Property: _____
Current Value: \$ _____

Any Other Asset: _____
Description: _____
Separate or Community Property: _____
Current Value: \$ _____

COLLECTIBLES/CLAIMS DUE AND OWING TO THE ESTATE:

Description: _____
Amount: \$ _____

Description: _____
Amount: \$ _____

V. DECEDENT'S CREDITORS

SECURED CREDITORS: Creditors to whom the Deceased owed money, where the obligation was secured by an item of real or personal property (e.g., a home mortgage or an automobile note)

1. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

Item as security: _____

2. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

Item as security: _____

3. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

Item as security: _____

UNSECURED CREDITORS:

1. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

2. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

3. Name of Creditor: _____

Address: _____

Amount Owed: \$ _____

MEDICAID BENEFITS

Did Decedent apply for or receive Medicaid Benefits on or after March 1, 2005?

Yes No

This document is for consultation purposes only. Nothing herein is intended to be legal advice, and should not under any circumstances be construed as legal advice. Should you elect to retain Mr. Owens as counsel for the purpose of drafting a Last Will and Testament and associated documents, he will then provide legal advice separate and apart from this document as appropriate.