

Estate Administration Questionnaire: Determination of Heirship (No Will)

Date Completed _____

Client Name _____

Last three digits of DL (and state) _____ Last three digits of SSN _____

Home address _____

Phone number(s) _____

E-mail address _____

Decedent's Name _____

Last three digits of Texas DL (or state ID) _____ **Please also provide a death certificate.*

Your Relationship to Decedent _____

Have you ever been convicted of a felony? If so, when and where? _____

Did the decedent ever receive Medicaid benefits? _____

Heirship Witnesses

Please provide the names of two or three heirship witnesses. These witnesses will speak with the attorney ad litem (who will be appointed by the Court) to verify the Decedent's marital and family history (e.g., marriages, children, or siblings, as applicable). They will also need to attend the hearing.

The witnesses should be non-family members if at all possible. If absolutely necessary, married-in family members may be used as one or two of the two primary witnesses but a third witness will need to speak with the attorney ad litem. In such a case, the third, non-family witness will not need to attend the hearing.

First Witness Name _____

Relationship to the Decedent _____

Phone number(s) _____

E-mail address _____

Second Witness Name _____

Relationship to the Decedent _____

Phone number(s) _____

E-mail address _____

Third Witness Name *(Required if either of the first two witnesses is married into the family.)*

Relationship to the Decedent _____

Phone number(s) _____

E-mail address _____

Marriages

Spouse's Name _____ Year of Marriage _____

Place of Marriage (county and state) _____

Cause of Marriage End (*e.g.*, death, divorce) _____ Year of Marriage End _____

If applicable, place of divorce (county and state) _____

Spouse's Name _____ Year of Marriage _____

Place of Marriage (county and state) _____

Cause of Marriage End (*e.g.*, death, divorce) _____ Year of Marriage End _____

If applicable, place of divorce (county and state) _____

Decedent's Children

Please list all children born to or adopted by the decedent during the decedent's lifetime. Be sure to include both living and deceased children, as well as any children who were born to the decedent but "adopted out" to adoptive parents.

Child's Name _____ **Date of Birth** _____

Place of Birth (city and state) _____

Home address _____

Phone number(s) _____

E-mail address _____

Name of other parent _____

Child's Name _____ **Date of Birth** _____

Place of Birth (city and state) _____

Home address _____

Phone number(s) _____

E-mail address _____

Name of other parent _____

Child's Name _____ **Date of Birth** _____

Place of Birth (city and state) _____

Home address _____

Phone number(s) _____

E-mail address _____

Name of other parent _____

Child's Name _____ **Date of Birth** _____

Place of Birth (city and state) _____

Home address _____

Phone number(s) _____

E-mail address _____

Name of other parent _____

Child's Name _____ **Date of Birth** _____

Place of Birth (city and state) _____

Home address _____

Phone number(s) _____

E-mail address _____

Name of other parent _____

Decedent's Other Next of Kin

- *Note: This section only needs to be completed if the decedent did not have any children, or if a child of the decedent predeceased the decedent but left children of his or her own (i.e., the decedent's grandchildren).*
- *Please list the decedent's living and deceased next of kin (e.g., parents, siblings, nieces and nephews (only needed if a sibling predeceased the decedent)).*

Name _____

If deceased, date of death _____

Relationship to Decedent _____

Home address _____

Phone number(s) _____

E-mail address _____

Name _____

If deceased, date of death _____

Relationship to Decedent _____

Home address _____

Phone number(s) _____

E-mail address _____

Name _____

If deceased, date of death _____

Relationship to Decedent _____

Home address _____

Phone number(s) _____

E-mail address _____

Name _____

If deceased, date of death _____

Relationship to Decedent _____

Home address _____

Phone number(s) _____

E-mail address _____

Assets

- *Approximate values are sufficient at this time.*
- *Depending on the type of probate proceeding, it may be necessary to provide date-of-death account statements for all accounts that did not have a valid beneficiary designation at the time of death.*
- *Please note whether assets or accounts were jointly owned, and, if so, with whom.*

Real Property (residence or other)

Value

_____ \$ _____

_____ \$ _____

Bank and Brokerage Accounts

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Retirement Accounts (e.g., IRAs, Roth IRAs, or 401(k)s)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Life Insurance

_____ \$ _____

_____ \$ _____

Other (e.g., business interests, private investments, trusts)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Debts and Expenses

- Please note the amount owed at the decedent's date of death ("DOD"), as well as any amounts paid since the date of death.
- If you expect the estate to be solvent (the estate's assets will exceed all of its expenses), there is no need to provide information regarding funeral expenses.

Secured Debts (e.g., mortgages, car loans, property taxes)	DOD Balance	Amt Paid
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Medical Debts	DOD Balance	Amt Paid
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Unsecured Debts (e.g., credit cards, other)	DOD Balance	Amt Paid
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Funeral Expenses (Approximate amounts are sufficient at this time.)

_____	\$ _____
_____	\$ _____