

THE DURAN FIRM, PLLC



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Dallas, Texas 75201

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www.duranfirm.com

Via Download

Prospective Client

RE: Prospective Client Information Worksheet for Probate of Will

Dear Prospective Client,

Thank you for contacting The Duran Firm regarding the probate of the Last Will and Testament of your deceased loved-one.

One of the first steps in the process will be the preparation and filing of an Application for Probate with the Probate Court. In order to complete the Application, I need some basic information about you (the "Applicant") and the Decedent. By completing this form and mailing it (along with a copy of the Will) to The Duran Firm, you make it possible for the Firm to prepare the Application and have it ready for your signature at our initial meeting.

Please understand that the receipt of this Worksheet by The Duran Firm does not establish an attorney-client relationship. The Duran Firm will require pre-payment of its fees and the execution of an attorney-client fee agreement prior to accepting you as a client. Many times we can assist you for a flat-attorney's fee. Furthermore, the attorney's fee may be reimbursable from the Estate of the Decedent. We do, however, look forward to working for you.

Please contact me if you have any questions.

Sincerely,

Michael A. Duran

Attachment

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Client Information Worksheet

Section I. Information about the Decedent

1. Decedent's full legal name: _____
First Name Middle Name Last Name

2. Nicknames or aliases ("a/k/a"): _____

3. Decedent's date of birth: _____ / _____ / _____

4. Decedent's date of death: _____ / _____ / _____

5. Decedent's age at death: _____ years of age

6. Location of Decedent's death: _____
City, State, County

7. Decedent's residence at death: _____
Street County

City, State Zip Code

8. List **ALL** of Decedent's marriages:

Current Spouse's Full Name

Street

City, State Zip Code
(_____) _____ (_____) _____
Home Phone Business or Cell Phone

_____/_____/_____
Date of Marriage

Named in Will? Yes No

Prior Spouse's Full Name

_____/_____/_____ - ____/____/_____
Date of Marriage Date of Divorce / Death

Prior Spouse's Full Name

_____/_____/_____ - ____/____/_____
Date of Marriage Date of Divorce / Death

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Section II. Information Regarding the Decedent's Will

9. What is the date of the Decedent's Will? _____ / _____ / _____
10. Were any children born to or adopted by the Decedent after the date of the Will? Yes No
11. Does the Decedent's Will name someone to serve as "Independent" Executor or Executrix? Yes No
12. Executors' Names: 1. _____ 2. _____ 3. _____
- Residences: _____
Street Street Street
- _____ City, State Zip Code _____ City, State Zip Code _____ City, State Zip Code
- (_____) _____ (_____) _____ (_____) _____
Phone Number Phone Number Phone Number
13. Your E-Mail Address: _____
14. May the Firm communicate with you via e-Mail? Yes No
15. Has any named Executor ever been convicted of a felony? Yes No
16. Are all named Executors Texas residents? Yes No
17. Does the Decedent's Will say that the "Independent" Executor will serve "without bond"? Yes No
18. Does the Decedent's Will name the State of Texas, a governmental agency of the State of Texas, or a charitable organization as a devisee? Yes No
19. Does the Decedent's Will contain a notarization page at the end of the Will that has language similar to the following:

Before me, the undersigned authority, on this day personally appeared [DECEDENT'S NAME], [WITNESS'S NAME], and [WITNESS'S NAME], known to me to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said [DECEDENT'S NAME], testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament...

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e. _____
 Full Name

 Street

 City, State Zip Code
 ()
 Phone Number

Deceased? Yes No
 _____ / _____ / _____
 Date of Death

f. _____
 Full Name

 Street

 City, State Zip Code
 ()
 Phone Number

Deceased? Yes No
 _____ / _____ / _____
 Date of Death

g. _____
 Full Name

 Street

 City, State Zip Code
 ()
 Phone Number

Deceased? Yes No
 _____ / _____ / _____
 Date of Death

h. _____
 Full Name

 Street

 City, State Zip Code
 ()
 Phone Number

Deceased? Yes No
 _____ / _____ / _____
 Date of Death

Continue on back if necessary.

22. Do all of the persons named in the Will and all of the Decedent's immediate family members not named in the Will agree as to the validity of the Decedent's Last Will and Testament and to your serving as the Executor of the Estate?

Yes No

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Section IV. Information Regarding Decedent's Assets

23. Description of Decedent's Assets

a. _____ \$ _____
Homestead Address Appraisal District Tax Valuation (See "www.dcad.org")
 _____ / _____
 City, State Zip Code Date of Purchase (Month/Year)
 _____ \$ _____
 Mortgages, Deed of Trust, or Lien holder's Name Amount of Encumbrance

b. _____ \$ _____
Other Real Property Address Appraisal District Tax Valuation (See "www.dcad.org")
 _____ / _____
 City, State Zip Code Date of Purchase (Month/Year)
 _____ \$ _____
 Mortgages, Deed of Trust, or Lien holder's Name Amount of Encumbrance

c. _____ \$ _____
Bank/Investment Company Name Account Value

 Account Number

 Bank Address

 City, State Zip Code

Community Property Yes No

d. _____ \$ _____
Bank/Investment Company Name Account Value

 Account Number

 Bank Address

 City, State Zip Code

Community Property Yes No

e. _____ \$ _____
Automobile Make & Model Estimated "Blue Book" Value (See "www.kbb.com")

 VIN Number
 _____ \$ _____
 Lien holder's Name Amount of Encumbrance

Community Property Yes No

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f. _____ \$ _____
Automobile Make & Model Estimated "Blue Book" Value (See "www.kbb.com")

VIN Number

Lien holder's Name

_____ \$ _____
Amount of Encumbrance

Community Property Yes No

g. **Furniture and Furnishings of homestead:** \$ _____
Estimated Fair Market Value of Property

Community Property Yes No

h. **Misc. personal effects, jewelry, clothing, etc.:** \$ _____
Estimated Fair Market Value of Property

Community Property Yes No

Section V. Information Regarding Decedent's Debts

24. Description of Decedent's Debts:

a. _____ \$ _____
Name of person who paid for funeral Costs

Street

City, State Zip Code

b. _____ \$ _____
Healthcare Provider Total Expenses NOT Covered by Insurance

Street

City, State Zip Code

c. _____ \$ _____
Healthcare Provider Total Expenses NOT Covered by Insurance

Street

City, State Zip Code

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d. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

Account Number

Mailing Street Address

City, State

Zip Code

e. _____ \$ _____
Credit Card Company Total Unpaid Credit Card Balance

Account Number

Mailing Street Address

City, State

Zip Code

f. _____ \$ _____
Electric Company Name Total Unpaid Balance

Account Number

Mailing Street Address

City, State

Zip Code

g. _____ \$ _____
Natural Gas Company Name Total Unpaid Balance

Account Number

Mailing Street Address

City, State

Zip Code

h. _____ \$ _____
Phone Company Name Total Unpaid Balance

Account Number

Mailing Street Address

City, State

Zip Code

Please list information regarding all other debts on back