

# THE DURAN FIRM, PLLC



13355 Noel Rd., Ste. 1100, LB 20a  
Dallas, Texas 75240

469 708 6050 (Voice)  
214 572 7639 (Fax)

[www.duranfirm.com](http://www.duranfirm.com)

Michael A. Duran  
[michael@duranfirm.com](mailto:michael@duranfirm.com)

Prospective Client

RE: Worksheet for Probate **without a Will**

Dear Prospective Client,

We're grateful you have contacted the Duran Firm regarding the probate of a decedent's Estate. To begin, we need some information about you (the "Applicant") and the Decedent.

We offer two easy ways to submit this information to us:

1. Complete this form and send it (e-mail, snail mail or fax), along with a copy of the Will to the Duran Firm; **OR**
2. Complete and submit the information via our online portal:  
<https://form.jotform.com/71356417647159>.

This form contains all of the information that we will need to complete your case. Please answer each question as it will enable your case to be handled more efficiently.

**DOWNLOAD THIS FORM TO YOUR COMPUTER AND IMMEDIATELY "SAVE" AND "CLOSE" THE FORM. YOU SHOULD THEN RE-OPEN THE LOCAL VERSION OF THIS FORM AND ENTER DATA INTO THE LOCAL VERSION.**

Please understand that our receipt of this Worksheet does not establish an attorney-client relationship. The Duran Firm requires pre-payment of its fees and the execution of an engagement agreement prior to accepting you as a client. Usually we can assist you for a flat fee, and our fees are usually reimbursable from the Estate. We look forward to working for you.

Sincerely,

*Michael A. Duran*  
Michael A. Duran

Attachment

# THE DURAN FIRM, PLLC

## Client Information Worksheet

### Section I. Information about the Applicant

1. Your full legal name: \_\_\_\_\_  
First Middle Last
2. Your residence address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code  
 \_\_\_\_\_  
Home Phone Number Cell Phone Number
3. Your E-Mail Address: \_\_\_\_\_  
E-Mail Address
4. Last three digits of SSN and DL: \_\_\_\_\_  
Last 3 Social Security Number Last 3 Drivers License Number
5. Your relationship to Decedent: \_\_\_\_\_  
Relationship
6. Have you ever been convicted of a felony? Yes  No   
For a full explanation go to our website: <http://duranfirm.com/felony.php>
7. Are you a Texas resident? Yes  No   
 If you are not a Texas Resident, would you like Michael Duran to serve as your "Resident Agent"? Yes  No

### Section II. Information about the Decedent

8. Decedent's full legal name: \_\_\_\_\_  
First Middle Last
9. Name variations on accounts: \_\_\_\_\_
10. Decedent's date of birth: \_\_\_\_\_
11. Decedent's date of death: \_\_\_\_\_ Age: \_\_\_\_\_
12. Last three digits of SSN and DL: \_\_\_\_\_  
Last 3 Social Security Number Last 3 Drivers License Number
13. Decedent's gender: Male  Female
14. Location of Decedent's death: \_\_\_\_\_  
City, State County
15. Decedent's residence at death: \_\_\_\_\_  
Street County  
 \_\_\_\_\_  
City, State & Zip Code

# THE DURAN FIRM, PLLC

## Section III. Information Regarding Decedent's Heirs

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

Surviving Spouse's Full Name (Still Married at time of Decedent's death)	Date of Marriage (mm/dd/yr)
Street	Phone Number
City, State & Zip Code	
Prior Spouse's Full Name (Decedent divorced or Spouse died first)	Date of Marriage (mm/dd/yr)      Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)
Prior Spouse's Full Name (Decedent divorced or Spouse died first)	Date of Marriage (mm/dd/yr)      Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/> (mm/dd/yr)

17. List **ALL** Children ever born to or adopted by Decedent (living and deceased):

<p>a. <input type="checkbox"/> Full Name</p> <p><input type="checkbox"/> Name of Other Parent</p> <p><input type="checkbox"/> Street</p> <p><input type="checkbox"/> City, State &amp; Zip Code</p>	<p><input type="checkbox"/> Birth date (mm/dd/yr)      <input type="checkbox"/> Date of Death (mm/dd/yy)</p> <p>Deceased?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><input type="checkbox"/> Phone Number</p>
<p>b. <input type="checkbox"/> Full Name</p> <p><input type="checkbox"/> Name of Other Parent</p> <p><input type="checkbox"/> Street</p> <p><input type="checkbox"/> City, State &amp; Zip Code</p>	<p><input type="checkbox"/> Birth date (mm/dd/yr)      <input type="checkbox"/> Date of Death (mm/dd/yy)</p> <p>Deceased?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><input type="checkbox"/> Phone Number</p>
<p>c. <input type="checkbox"/> Full Name</p> <p><input type="checkbox"/> Name of Other Parent</p> <p><input type="checkbox"/> Street</p> <p><input type="checkbox"/> City, State &amp; Zip Code</p>	<p><input type="checkbox"/> Birth date (mm/dd/yr)      <input type="checkbox"/> Date of Death (mm/dd/yy)</p> <p>Deceased?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><input type="checkbox"/> Phone Number</p>
<p>d. <input type="checkbox"/> Full Name</p> <p><input type="checkbox"/> Name of Other Parent</p> <p><input type="checkbox"/> Street</p> <p><input type="checkbox"/> City, State &amp; Zip Code</p>	<p><input type="checkbox"/> Birth date (mm/dd/yr)      <input type="checkbox"/> Date of Death (mm/dd/yy)</p> <p>Deceased?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p><input type="checkbox"/> Phone Number</p>

*Continue on back if necessary.*

# THE DURAN FIRM, PLLC

18. List **CERTAIN** Grandchildren born to or adopted by Decedent (living and dead):

**Complete only if any of the Decedent's children died before the Decedent, and that child left children (the Decedent's grandchildren).**

<p>a. _____ Full Name</p> <p>_____</p> <p>Name of Deceased Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State &amp; Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>b. _____ Full Name</p> <p>_____</p> <p>Name of Deceased Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State &amp; Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>
<p>c. _____ Full Name</p> <p>_____</p> <p>Name of Deceased Parent</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State &amp; Zip Code</p>	<p>_____</p> <p>Birth date (mm/dd/yr)</p> <p>_____</p> <p>Date of Death (mm/dd/yy)</p> <p>Deceased?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>_____</p> <p>Phone Number</p>

*Continue on back if necessary.*

19. List Decedent's Parents (living and deceased):

**Complete only if the Decedent had no descendants (children or grandchildren) that survived the Decedent.**

<p>_____</p> <p>Decedent's Father's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State &amp; Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Father Deceased?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>_____</p> <p>Date of Death (mm/dd/yr)</p>	<p>_____</p> <p>Decedent's Mother's Full Name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State &amp; Zip Code</p> <p>_____</p> <p>Home</p> <p>_____</p> <p>Business or Cell</p> <p>Mother Deceased?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>_____</p> <p>Date of Death (mm/dd/yr)</p>
---	---

# THE DURAN FIRM, PLLC

20. List the Decedent's Siblings (living and deceased):

**Complete only if the Decedent had no descendants that survived the Decedent, and if one or more of the Decedent's parents predeceased the Decedent.**

a. \_\_\_\_\_  
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yy)

\_\_\_\_\_   
 Names of Both Parents

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 City, State & Zip Code

Deceased? Yes  No

\_\_\_\_\_   
 Phone Number

b. \_\_\_\_\_  
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yy)

\_\_\_\_\_   
 Name of Both Parents

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 City, State & Zip Code

Deceased? Yes  No

\_\_\_\_\_   
 Phone Number

c. \_\_\_\_\_  
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yy)

\_\_\_\_\_   
 Names of Both Parents

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 City, State & Zip Code

Deceased? Yes  No

\_\_\_\_\_   
 Phone Number

d. \_\_\_\_\_  
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yy)

\_\_\_\_\_   
 Names of Both Parents

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 City, State & Zip Code

Deceased? Yes  No

\_\_\_\_\_   
 Phone Number

e. \_\_\_\_\_  
 Full Name Birth date (mm/dd/yr) Date of Death (mm/dd/yy)

\_\_\_\_\_   
 Names of Both Parents

\_\_\_\_\_   
 Street

\_\_\_\_\_   
 City, State & Zip Code

Deceased? Yes  No

\_\_\_\_\_   
 Phone Number

*Continue on back if necessary.*

21. Do all persons listed on this form agree to this proceeding? Yes  No   
 (ANSWERED REQUIRED)

# THE DURAN FIRM, PLLC

## Section IV. Information Regarding Decedent’s Assets

22. Description of Decedent’s Assets (Do not include “JTWROS”, “POD” or other assets that transfer automatically to a **named beneficiary** upon the death of the Decedent.)

a. \_\_\_\_\_ \$ \_\_\_\_\_  
**Homes Address (attach a legal description from deed)** 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 Lien

Community Property Yes  No   
 See definition below.

b. \_\_\_\_\_ \$ \_\_\_\_\_  
**Other Real Estate (attach a legal description from deed)** 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 Lien

Community Property Yes  No   
 See definition below.

c. \_\_\_\_\_ \$ \_\_\_\_\_  
**Automobile Make & Model** Estimated “Blue Book” Value (See “www.kbb.com”)

\_\_\_\_\_  
 VIN Number (Required)

\_\_\_\_\_  
 Lien holder’s Name

\$ \_\_\_\_\_  
 Amount of Lien

Community Property Yes  No   
 See definition below.

d. \_\_\_\_\_ \$ \_\_\_\_\_  
**Bank/Investment Company Name** Account Value (as of the Date of Death)

X \_\_\_\_\_  
 Last Four Digits of Account Number

Savings  Checking  Investment

\_\_\_\_\_  
 Bank Address

Community Property Yes  No   
 See definition below.

\_\_\_\_\_  
 City, State & Zip Code

e. \_\_\_\_\_ \$ \_\_\_\_\_  
**Bank/Investment Company Name** Account Value (as of the Date of Death)

X \_\_\_\_\_  
 Last Four Digits of Account Number

Savings  Checking  Investment

\_\_\_\_\_  
 Bank Address

Community Property Yes  No   
 See definition below.

\_\_\_\_\_  
 City, State & Zip Code

Community property consists of the property, other than separate property, acquired by either spouse during marriage. A spouse's separate property consists of: 1) the property owned or claimed by the spouse before marriage; 2) the property acquired by the spouse during marriage by gift or inheritance; and 3) the recovery for personal injuries sustained by the spouse during marriage, except any recovery for loss of earning capacity during marriage. All property that is acquired during the marriage is presumed to be community property unless proven otherwise.

# THE DURAN FIRM, PLLC

f. \_\_\_\_\_ \$ \_\_\_\_\_  
**Life Insurance Payable to the Estate (no beneficiary)** Face Value of Policy  
 \_\_\_\_\_ Community Property Yes  No   
 Policy Number *See definition on previous page.*  
 \_\_\_\_\_  
 Insurance Company Address  
 \_\_\_\_\_  
 City, State & Zip Code

g. **Furniture and Furnishings of residence:** \$ \_\_\_\_\_  
 Estimated "Fair Market Value" of Property  
 (i.e. the price you would get if sold at an estate sale).  
 \_\_\_\_\_ Community Property Yes  No   
*See definition on previous page.*

h. **Misc. personal effects, jewelry, clothing, etc.:** \$ \_\_\_\_\_  
 Estimated Fair Market Value of Property  
 (i.e. the price you would get if sold at an estate sale).  
 \_\_\_\_\_ Community Property Yes  No   
*See definition on previous page.*

## Section V. Information Regarding Decedent's Debts

### 23. 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

# THE DURAN FIRM, PLLC

d. \_\_\_\_\_ \$ \_\_\_\_\_  
**Credit Card Company** Total Unpaid Credit Card Balance

X \_\_\_\_\_  
Last Four Digits of Account Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

e. \_\_\_\_\_ \$ \_\_\_\_\_  
**Credit Card Company** Total Unpaid Credit Card Balance

X \_\_\_\_\_  
Last Four Digits of Account Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

f. \_\_\_\_\_ \$ \_\_\_\_\_  
**Electric Company Name** Total Unpaid Balance

X \_\_\_\_\_  
Last Four Digits of Account Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

g. \_\_\_\_\_ \$ \_\_\_\_\_  
**Natural Gas Company Name** Total Unpaid Balance

X \_\_\_\_\_  
Last Four Digits of Account Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

h. \_\_\_\_\_ \$ \_\_\_\_\_  
**Phone Company Name** Total Unpaid Balance

X \_\_\_\_\_  
Last Four Digits of Account Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

*Please list information regarding all other debts on back*



# THE DURAN FIRM, PLLC

## Section VI. Information Regarding Disinterested Witnesses to Prove Heirship

Please provide the name, address and phone number of two witnesses who:

- 1) are familiar with Decedent’s family history;
- 2) do NOT have an interest in the estate;
- 3) are unrelated to the Decedent (preferred but not required);
- 4) are able to attend a hearing in the DFW area if required by the Court.

24.

Witness #1 Full Name	Witness #2 Full Name		
Street	Street		
City, State & Zip Code	City, State & Zip Code		
Home	Business or Cell	Home	Business or Cell
Year Disinterested Witness Met Decedent	Year Disinterested Witness Met Decedent	Year Disinterested Witness Met Decedent	Year Disinterested Witness Met Decedent

25. The appropriate court or “venue” in probate proceedings is the county court of the Decedent’s residence. The Collin County Probate Court will sometimes waive the venue requirement if the Decedent’s heirs are in complete agreement in all aspects of the case. Collin County probate is typically quicker and easier than in surrounding counties. Furthermore, the Collin County courthouse is right off of the highway and has ample free parking. Would you be willing to have your case considered in Collin County?

Yes  No

26. Would you like to pay our fees and court costs with a credit card?

Yes  No

27. How did you first hear of the Duran Firm?

- Referral from Friend
- Referral from Lawyer
- Google Search
- Avvo
- Yelp
- Other: \_\_\_\_\_