



# PROBATE- GENERAL AND INVENTORY INFORMATION FORM

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PLEASE COMPLETE THIS WORKSHEET WITH ALL APPLICABLE INFORMATION REQUESTED RELATED TO THE ESTATE. IF YOU LEAVE A BLANK WE WILL ASSUME THAT INFORMATION IS NOT APPLICABLE TO THE ESTATE.

IF YOU NEED ADDITIONAL SPACE FOR ANY ANSWERS IN THIS WORKSHEET PLEASE ATTACH ADDITIONAL PAGES TO THE WORKSHEET

## PERSONAL DATA

**Decedent's Name:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was Decedent a U.S. citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Location of Will, if any: \_\_\_\_\_

Date of Will: \_\_\_\_\_

Location of Codicils, if any: \_\_\_\_\_

Date of Codicils: \_\_\_\_\_

**Name of Personal Representative:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**BENEFICIARIES or HEIRS AT LAW**

**Name of Spouse:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Work #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Date and place of marriage/domestic partnership:** \_\_\_\_\_  
**Status of Spouse:** \_\_\_\_ Living \_\_\_\_ Deceased \_\_\_\_ Under Conservatorship

**Decedent's Children's Information**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse.

**Name of Other Dependents of Decedent, if any:**

<b>Name:</b>	<b>Age:</b>	<b>Residence:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Grandchildren's Information:**

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of Decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List, as well, the same information for the surviving spouse's parents and siblings.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	_____	_____
_____	_____	_____

**DECEDENT'S DESIGNEES**

**TRUSTEE** (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_  
1st Alternate Trustee: \_\_\_\_\_  
2nd Alternate Trustee: \_\_\_\_\_  
3rd Alternate Trustee: \_\_\_\_\_

**ASSETS**

**Please describe Decedent's property.** If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

**CASH**

Cash on hand: \_\_\_\_\_  
Traveler's checks: \_\_\_\_\_  
Money orders: \_\_\_\_\_

**ACCOUNTS**

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**REAL ESTATE:** (include any real property on which Decedent and/or Decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**1) Street address:** \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**2) Street address:** \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**3) Street address:** \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in 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)

**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 (as of \_\_\_\_\_): \$ \_\_\_\_\_

**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 (as of \_\_\_\_\_): \$ \_\_\_\_\_

**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 (as of \_\_\_\_\_): \$ \_\_\_\_\_

**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 (as of \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (include business equipment and personal property, and items such as patents, copyrights, trademarks, and royalties and related items)

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 \_\_\_\_\_): \$ \_\_\_\_\_

**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: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES:**

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

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

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**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.)

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES:**

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**DECEDENT'S DOCUMENTS TO PROVIDE COPIES OF (AS APPLICABLE)**

- \_\_\_\_\_ 1. Prior and present Wills, and any codicils
- \_\_\_\_\_ 2. Death certificate
- \_\_\_\_\_ 3. Paid funeral bills
- \_\_\_\_\_ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- \_\_\_\_\_ 5. Income tax return (most recent)
- \_\_\_\_\_ 6. Gift tax returns (all)
- \_\_\_\_\_ 7. Texas intangible tax return (most recent)
- \_\_\_\_\_ 8. Financial statements prepared by accountant
- \_\_\_\_\_ 9. Financial information submitted to lending institutions
- \_\_\_\_\_ 10. Real and personal property tax bills
- \_\_\_\_\_ 11. Deeds to property
- \_\_\_\_\_ 12. Mortgages
- \_\_\_\_\_ 13. Vehicle titles
- \_\_\_\_\_ 14. Copies of any bills and creditors' addresses
- \_\_\_\_\_ 15. Government, municipal, and corporate bonds
- \_\_\_\_\_ 16. Government, municipal, and corporate bonds
- \_\_\_\_\_ 17. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- \_\_\_\_\_ 18. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- \_\_\_\_\_ 19. Stockholder or partnership agreements
- \_\_\_\_\_ 20. Pension and profit-sharing plans and summary of current benefits
- \_\_\_\_\_ 21. Leases
- \_\_\_\_\_ 22. Instruments under which client has any interest or power of appointment
- \_\_\_\_\_ 23. Prenuptial, postnuptial, or separation agreements
- \_\_\_\_\_ 24. Judgments of dissolution of marriage
- \_\_\_\_\_ 25. Court orders or agreements under which client is obligated to provide support
- \_\_\_\_\_ 26. Wills of other family members, if pertinent
- \_\_\_\_\_ 27. Other documents which show property owed or debts owed by the Decedent

\_\_\_\_\_  
CLIENT

Date: \_\_\_\_\_