HEIRSHIP INFORMATION FORM

I. DECEDENT

FULL NAME OF DECEDENT: _____ Death Date: _____

Aliases used: _____ Maiden Name: _____

Birth Date: _____ Soc. Sec. & DL Nos.: _____

City of Birth: _____ County: _____ State: _____

Place of Death: _____ City: _____ County: _____ State: _____

Home Address: _____ How long? _____ years

Mailing Address: _____

Last Employer: _____ Phone: _____

Type of work: _____ Job title held: _____ Retired? _____ Year: _____

Employer address: _____ Title: _____

Veteran? _____ If so, give number: _____ Branch: _____ Discharge Date: _____

II. DECEDENT'S SPOUSE (whether alive or dead)

FULL NAME OF SPOUSE: _____ Maiden Name: _____

IS SPOUSE ALIEN? _____ Bring in Visa/Passport: ____ Aliases used: _____ Is Spouse Alive? _____

Date of Birth: _____ Soc. Sec. & DL Nos.: _____

City of Birth: _____ County: _____ State: _____

Date of Death: _____ Place of Death: _____ City: _____ County: _____ State: _____

Home Address: _____ How long? _____ years

Mailing Address: _____

Phone number *(mobile)*: _____ Phone number *(work)*: _____

DATE OF MARRIAGE TO DECEDENT: _____

PLACE OF MARRIAGE (city/county/state): _____

HAS SPOUSE'S WILL BEEN PROBATED? _____ IF "NO", WHY NOT? _____

IF PROBATED, GIVE DATE, COUNTY, CASE NUMBER: _____

___ [Bring a copy of spouse's probate documents, if any.] ___ [Bring a copy of spouse's Will, if still alive.]

III. APPLICANT - IF NOT THE SPOUSE

[MUST HAVE A DIRECT INTEREST IN THE ESTATE; NOT A CONTINGENT INTEREST]

FULL NAME: _____ Birth Date: _____

HOW NAMED IN WILL: _____ Birth Place: _____

DESCRIBE DIRECT INTEREST IN ESTATE: _____

Occupation: _____ Employer address: _____

Texas Driver License No.: _____ Social Security No.: _____

Home Address: _____

Mailing Address: _____

Phone number (mobile): _____ Work number: _____

Relationship to Decedent: _____ Spouse's Name: _____

Have knowledge of estate's assets/liabilities/affairs? How: _____

IV. DECEDENT'S FACTS

PRIOR MARRIAGES (names, dates, places): _____

PRIOR DIVORCES (names, dates, places) [Bring copy of decrees.]: _____

Family Doctor (name/address): _____

Did Decedent ever sign a pre-nuptial or post-nuptial marital contract? ☐ If "yes", PROVIDE A COPY TO ATTORNEY.

Are there any divorce decrees affecting Decedent's estate? ☐ If "yes", PROVIDE A COPY TO ATTORNEY.

Did Decedent take under any joint and/or mutual Will? ☐ If "yes", PROVIDE A COPY TO ATTORNEY.

Was Decedent a principal, trustee or beneficiary of any TRUST? ☐ If "yes", PROVIDE A COPY TO ATTORNEY.

Did Decedent have any joint-survivorship accounts (check, savings, stock, land)? ☐. If "yes'", provide a copy.

V. CHILDREN OF DECEDENT

CHILDREN BORN OF DECEDENT (full marital name)	BIRTH DATE	PLACE BIRTH (city,county,state)	Date/Place DEATH	CURRENT ADDRESS

CHILDREN ADOPTED BY DECEDENT (full marital name)	BIRTH DATE	PLACE BIRTH	Date/Place Death (city,county,state)	CURRENT ADDRESS

ILLEGITIMATE CHILDREN	BIRTH DATE	PLACE BIRTH	OTHER PARENT	CURRENT ADDRESS

CHILDREN OF DECEDENT THAT HAVE BEEN ADOPTED BY OTHERS	BIRTH DATE	ADOPTED BY WHOM

ARE THERE ANY COURT ORDERS/CONTRACTS PROVIDING FOR FORCED INHERITANCE OF A CHILD? ☐ Get a copy.

IS CURRENT SPOUSE PREGNANT? ☐ WHEN DUE? _____

VI. HEIRS OF DECEDENT

HEIRS OF DECEDENT	BIRTH DATE	PLACE BIRTH	RELATIONSHIP	CURRENT CONTACT INFORMATION

VII. EMERGENCY ORDERS

Under current Probate law, the decedent's family has the right to petition the Probate Court for an emergency order (Estates Code Chapter 152) to have funds held by a bank/savings company released to pay for the funeral/burial expenses (up to $15,000.00), and to have any storage company release personal effects subject to storage liens (the liens must be paid though). The law allows the funeral home to initiate this action and the funeral home may recover its attorney fees; however, the family is not allowed to recover its attorney fees or court costs. Further, the emergency order can allow the cremation of the remains. Otherwise, the banks may freeze the decedent's funds until an executor/administrator is appointed.

IS THERE A NEED FOR AN EMERGENCY FUNERAL/BURIAL ORDER? ☐ COST: _____

Name/address Funeral Home: _____

Name/address of Bank/Savings: _____

Amount on deposit: _____ Acct. No.: _____

IS THERE A NEED FOR AN EMERGENCY STORAGE COMPANY ORDER? ☐ _____

Name/address of Storage Company: _____

Amount owed? _____ Contents: _____

Date of Foreclosure: _____ Bring list of contents: _____

IS THERE A WISH TO HAVE THE REMAINS CREMATED? ☐ IF "YES", DID THE DECEDENT LEAVE WRITTEN REQUEST FOR CREMATION? ☐ If "NO", does all family members agree to sign written consent? _____

VIII. DECEDENT'S ESTATE - GENERAL

(Community property is that which was acquired during marriage except gifts or inheritance.
Separate property is that acquired before marriage or by gift or inheritance.
All assets are presumed to be community estate unless proven by clear and convincing evidence.)

SAFETY DEPOSIT BOX: Give name, address and phone number): _____

_____

Who had right to enter box? _____ Whose name on contract? _____

Describe generally the contents of safety deposit box: _____

_____

Describe all assets in which Decedent had or was subject to rights of survivorship: _____

_____

Describe all assets in which Decedent had or was subject to powers of appointment: _____

_____

Describe all joint tenancies Decedent had interest in: _____

_____

Describe all real estate owned by Decedent outside of Texas to which a joint tenancy/right of survivorship may apply: _____

_____

Describe all trusts and trust assets Decedent had an interest or beneficial right therein: _____

_____

Had Decedent created any Living Trusts during his lifetime? ☐ If so, BRING COPY TO ATTORNEY.

GRAVE PLOTS: DESCRIBE (name of cemetery, special name of section, block, lot, space): _____

_____ Who is buried in what spaces? _____

Described grave plots/spaces still open: _____ Current value: _____

Whose name is the grave spaces in: _____ BRING COPY OF DEED/CONTRACT/DOCUMENT. _____

NOTE: Some of the above assets/rights may or may not be listed in the inventory to be filed with the court, as the Estates Code only requires those assets owned by the decedent that are subject to the decedent's will or to probate action. However, all of the probate and non-probate assets must be taken into consideration in determining whether or not to file a federal estate tax return, as all of said decedent's assets are included in that return (subject to certain exemptions/exclusions). Only the attorney can make that determination after reviewing all of the pertinent answers provided herein.

IX. COMMUNITY PROPERTY OF DECEDENT

[Note: Report below only those items acquired during marriage that does not constitute the separate estate of either the decedent or the separate estate of the surviving spouse!!! See definitions at PAR. IX.]

A: REAL ESTATE (community): [Include those you have sold to others under contract for deed. Also, for income tax purposes if the property is sold, it is best to keep the value high, if justifiable.]

WHAT	LEGAL DESCRIPTION	ADDRESS	INSURED VALUE	TAX APPRAISAL	VALUE TO LIST AS	LIENS?
1. HOME						
2. Rental						
3. Beach/Lake. . .						
4. Acreage.						
5. Mobile Home						
6. Grave Plot. . . .						

Which of the above are being purchased under contract for deed? _____

Have releases of liens been recorded as to all of the above? _____

Which of the above are being sold under contract for deed, option, lease option? _____

B. PERSONALTY (community):

WHAT	DESCRIPTION (Year, Model, Type) (Title, Name of Bank/etc) (Short description)	V.I.N. & NUMBER [Certificate No., other account number]	NUMBER OF SHARES, BOND FACE AMOUNT	INSURED VALUE & APPRAISAL VALUE	VALUE TO LIST AS	LIENS? (Y/N)
1. Auto Truck . . .						
2. Motorhome . .						
3. Trvl Tr/ORV . .						
4. Boat & Rig . . .						
5. Othr vehicles						
6. Guns & sport						
7. Home Furnsh						
8. Othr Furnsh . .						
9. Collections . . .						
10 Silverware . .						
11 Jewelry						
12 Chinaware . .						
13 Clothing						
14 Pets.						
15 Animals.						
16 Crops						
17 Contracts . . .						
18 CASH.						
19 STOCK.						
20 STOCK.						
21 STOCK.						
22 BONDS						
23 BONDS						
24 CHECKING . .						
25 CHECKING . .						
26 SAVINGS. . . .						
27 SAVINGS. . . .						
28 IRA						
29 IRA						
30 Mutual Fund						
31 Partnership						
32 Other						
33 Other						
34 Other						

X. DECEDENT'S SEPARATE ESTATE

If the separate estate of Decedent includes any residence, was it being used as the homestead of Decedent? ☐

Is there any other residence that Decedent was claiming as homestead? _____

If the separate estate of Decedent includes any business realty, was it being used as the business homestead of Decedent? ☐

Describe: _____

Has Community Funds and/or Community Labor of either spouse been used to improve any of the separate estate, to pay the taxes owed against the separate estate or to pay off any mortgage owed against the separate estate? ☐ If so, please note that the community may have a claim against the separate estate. DESCRIBE IN DETAIL: _____

_____

A: SEPARATE REAL ESTATE (Decedent's): [Include those you may have sold to others under contract for deed.]

WHAT	LEGAL DESCRIPTION	ADDRESS	INSURED VALUE	TAX APPRAISAL	VALUE TO LIST AS	LIENS?
1. HOME						
2. Rental						
3. Beach/Lake . . .						
4. Acreage						
5. Mobile Home						
6. Other						

Which of the above are being purchased under contract for deed? _____

Have releases of liens been recorded as to all of the above? _____

Which of the above are being sold under contract for deed, option, lease option? _____

B. SEPARATE PERSONALTY (Decedent's):

WHAT	DESCRIPTION (Year, Model, Type) (Title, Name of Bank/etc) (Short description)	V.I.N. & NUMBER [Certificate No., other account number]	NUMBER OF SHARES, BOND FACE AMOUNT	INSURED VALUE & APPRAISAL VALUE	VALUE TO LIST AS	LIENS? (Y/N)
1. Auto Truck . . .						
2. Motorhome . .						
3. Trvl Tr/ORV . .						
4. Boat & Rig . . .						
5. Othr vehicles						
6. Guns & sport						
7. Home Furnsh						
8. Othr Furnsh . .						
9. Collections . . .						
10 Silverware . .						
11 Jewelry						
12 Chinaware . .						
13 Clothing						
14 Pets						

WHAT	DESCRIPTION (Year, Model, Type) (Title, Name of Bank/etc) (Short description)	V.I.N. & NUMBER [Certificate No., other account number]	NUMBER OF SHARES, BOND FACE AMOUNT	INSURED VALUE & APPRAISAL VALUE	VALUE TO LIST AS	LIENS? (Y/N)
15 Animals.						
16 Crops						
17 Contracts . . .						
18 CASH.						
19 STOCK.						
20 STOCK.						
21 STOCK.						
22 BONDS						
23 BONDS						
24 CHECKING . .						
25 CHECKING . .						
26 SAVINGS. . . .						
27 SAVINGS. . . .						
28 IRA						
29 IRA						
30 Mutual Fund						
31 Partnership						
32 Other						
33 Other						
34 Other						

Which of the above are being purchased under contract for deed? _____

Have releases of liens been recorded as to all of the above? _____

Which of the above are being sold under contract for deed, option, lease option? _____

XI. SEPARATE ESTATE OF SURVIVING SPOUSE

Description of Asset VIN/Acct. No. Date Acquired Amount Paid Lien by Amt. Lien Value at Present

_____

_____

_____

If the separate estate of Surviving Spouse includes any residence, was it being used as the homestead of Decedent? _____

If the separate estate of Surviving Spouse includes any business realty, was it being used as the business homestead of Decedent? ____

Has Community Funds and/or Community Labor of either spouse been used to improve any of the above separate estate, to pay the taxes owed against same or to pay off any mortgage owed against the separate estate? _____ ☐ _____ If so, please note that the community may have a claim against the separate estate. DESCRIBE IN DETAIL: _____

_____

XII. BUSINESSES and OTHER INTERESTS

A: BUSINESS ENTITIES:

Describe all partnership rights decedent had: _____

Describe all business interests decedent had: _____

Describe all joint ventures decedent had: _____

OTHERS: _____

B: OIL/GAS/MINERAL OR ROYALTY INTERESTS:

Describe all properties that decedent had retained or had acquired oil, gas, mineral and/or royalty interests therein: _____

_____

_____

C: INCOME/CLAIMS DUE DECEDENT'S ESTATE:

Type of claim	Debtor's name	Address of Debtor	Describe	Balance owed	Suit pending?

1.Wage/salary: _____

2.Rents: _____

3.Mortgages: _____

4.Contracts: _____

5.Dividend/interest: _____

6.Personal notes: _____

7.Deposits/escrows: _____

8.Pending suits: _____

9.Judgments: _____

10.Other: _____

11. _____

D: WRONGFUL DEATH: WAS DEATH CAUSED BY A THIRD PARTY OR DEFECTIVE PRODUCT? ☐

IF YES, GIVE FULL DETAILS AND NAMES/ADDRESSES/DATES INVOLVED: _____

_____

_____

XIII. INSURANCE

A: INSURANCE ON DECEDENT'S LIFE: (Indicate under "type" if Separate Property and of whom.)

TYPE	NAME OF INSURER & ADDRESS	POLICY NO.	PAYABLE TO	AMOUNT DUE
1. FUNERAL.				
2. CREDIT LIFE.				
3. WHOLE LIFE				
4. TERM LIFE.				
5. CAR POLICY.				
6. ACCIDENTAL.				
7. UNION LIFE.				
8. GROUP LIFE				
9. VETERANS.				
10 SOC. SEC.				
11 COMPANY PLAN . . .				
12 DEATH BONUS.				
13 OTHER				

Did Decedent own any life insurance on any child's life or business associate? ☐ If so, bring to attorney.

Did employer/business entity that decedent had interest in have life insurance on decedent's life? ☐

If so, explain: _____

B: INSURANCE ON SURVIVING SPOUSE'S LIFE: (Indicate under "type" if Separate Property and of whom.)

TYPE	NAME OF INSURER & ADDRESS	POLICY NO.	PAYABLE TO	AMOUNT DUE
1. FUNERAL.				
2. CREDIT LIFE.				
3. WHOLE LIFE				
4. TERM LIFE.				
5. CAR POLICY.				
6. ACCIDENTAL.				
7. UNION LIFE.				
8. GROUP LIFE				
9. VETERANS.				
10 SOC. SEC.				
11 COMPANY PLAN . . .				
12 DEATH BONUS.				
13 OTHER				

Did surviving spouse own a separate life policy on Decedent's life? ☐ If so, bring to attorney.

Did surviving spouse own life policies on children? ☐ If so, bring to attorney.

DESCRIBE: _____

C: DECEDENT'S RETIREMENT/ANNUITY:

Name of Employer: _____ Address: _____

Group Plan No. _____ Insurer's Name: _____

Address for information: _____

Amount and types of coverage: _____

_____

Amount being paid to Decedent before death: _____ When began? _____ Duration: _____

Amount now due the surviving spouse under decedent's retirement/annuity plan; how much monthly to be paid: _____

_____ For how long? _____

Age of surviving spouse: _____ Life expectancy: _____

Amounts to be paid under Group benefits in lump sum (exclude life insur.) _____

Stock option/purchase benefits: _____

Company bonuses due or paid on account of death: _____

D: SURVIVING SPOUSE'S RETIREMENT/ANNUITY:

Name of Employer: _____ Address: _____

Group Plan No. _____ Insurer's Name: _____

Address for information: _____

Amount and types of coverage: _____

_____

Amount being paid to surviving spouse before death: _____ When began? _____ Duration: _____

Amount now due the surviving spouse under the surviving spouses' retirement/annuity plan; how much monthly to be paid: _____

_____ For how long? _____

Amounts to be paid under Group benefits in lump sum (exclude life insur.) _____

Stock option/purchase benefits: _____

Company bonuses due or paid on account of death: _____

Surviving spouse's current salary: _____

Accumulated bonuses/vacation pay/sick pay due surviving spouse at time of decedent's death and paid later: _____

_____

VESTED INTEREST IN GROUP PLANS: _____

XIV. DECEDENT'S LIABILITIES AND EXPENSES

[Note: If any of these debts are still owing, they must be reported below even if a Federal Estate Tax Return will not be filed. Secured Creditors must be given written notice by certified mail of the decedent's death and probate of will.]

A: FUNERAL/BURIAL EXPENSES:

Type	Name of Provider	Address	Total Cost	Amount still Owing
Funeral home				
Grave space				
Head stone				
Transportation				
Church service				
Preacher				
Crematory				
Other:				

_____

WAS THERE A PRE-PAID FUNERAL PLAN? ☐ GIVE NAME/AMOUNTS: _____

B: EXPENSES OF LAST ILLNESS:

Type	Name of Creditor	Address	Total Cost	Amount still Owing
Hospital				
Doctor				
Ambulance				
Life Flite				
Drugs				
Other				

C: SEPARATE DEBTS OF DECEDENT: [Before marriage or by special contract.]

Type	Name of Creditor	Address	Total Cost	Amount still Owing
I.R.S.				
JUDGMENT				
HOME LIEN				
AUTO LOANS				
COUNTY TAX				
SCHOOL TAX				
PENDING LAWSUITS				
UTILITIES				
MEDICAL				
PERSONAL NOTES				
CREDIT CARDS				
CHILD SUPPORT				
ALIMONY				
OTHERS				

D: COMMUNITY DEBTS OF DECEDENT: ***[Note: Attach list of creditors and their addresses, with account numbers.]***

Type	Name of Creditor	Address	Total Cost	Amount still Owing
I.R.S.				
JUDGMENT				
HOME LIEN				
AUTO LOANS				
COUNTY TAX				
SCHOOL TAX				
PENDING LAWSUITS				
UTILITIES				
MEDICAL				
PERSONAL NOTES				
CREDIT CARDS				

CHILD SUPPORT _____

ALIMONY _____

OTHERS _____

_____

_____

Was there P.I.P insurance collectible on account of decedent's death? ____☐____ Has it been claimed?____☐____ Bring it.

Was there Uninsured Motorist insurance collectible? ____☐____ Has a claim been filed? ____☐____ Bring it in to attorney.

It is important to remember that **community property** includes any asset that may be in the name of one spouse, unless that spouse can prove it is separate property or was acquired as a gift or inheritance. Even if bought in one name as separate property and payments are to be made in installments, the community is liable for the debt and it will be deemed community property *unless the creditor expressly agreed to solely look to one party and that party's separate assets for satisfaction of the debt.*

IF THERE WAS A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT REGARDING THE RE-CHARACTERIZATION OF PROPERTY, THEN THE ATTORNEY MUST SEE THAT DOCUMENT. IS THERE ONE?____☐____

A LIST OF OTHER DOCUMENTS WILL BE HANDED TO YOU FOR YOU TO BRING IN TO THE ATTORNEY. IF YOU HAVE ANY QUESTION, PLEASE CALL YOUR ATTORNEY FIRST. STREET ADVICE CAN SOMETIMES LEAD A PARTY ASTRAY.

To rush the filing of the probate, you may first return pages one and two, along with a very sketchy description of the decedent's assets and their value - separating community assets from separate assets (ie. home worth $?, 2 cars worth $?, bank/savings of approx. $?, etc.). The detailed list is for preparing inventory and determining whether or not to file estate tax returns.

Notices by certified mail, return receipt requested, are required to all **secured creditors (realty and personalty)**; and Notice to Creditors **must** be published by the Independent Executor/rix (even if there are no debts and/or the surviving spouse is personally liable for them anyway).

Y**ou may make the unsecured creditors file their claim within four months of mailing of notice to them, or be barred if they fail to do so.** It is thus important to consider this election - however, it may cause you to have to pay a lot of debts all at one time. Further, the notice to secured creditors can cause them to accelerate the debt and make it fully payable now, thus requiring the executor/rix to have to sell property in order to do so (or, work out a "renewal and extension agreement" with the secured creditor, if possible).

PLEASE INDICATE YOUR DESIRES HERE AS TO **SECURED CREDITORS:**_____

_____

_____

PLEASE INDICATE YOUR DESIRES HERE AS TO **UNSECURED CREDITORS:**_____

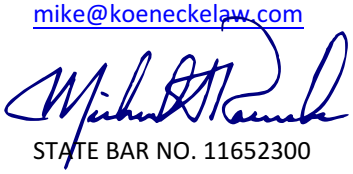
_____

_____

Hoping that you do not find this too onerous, I remain

Yours very truly,

MICHAEL A. KOENECKE
P. O. BOX 830190
RICHARDSON, TEXAS 75083-0190
(972) 387-2904
mike@koeneckelaw.com



STATE BAR NO. 11652300

ADDENDUM TO PROBATE QUESTIONNAIRE
WILL AND/OR TESTIMONY WITNESSES

[Fill out only if there is no or a defective self proving acknowledgment.]

A. **SUBSCRIBING WITNESSES TO DECEDENT SIGNING WILL:**
[WILL WITNESS (DO) (DO NOT) HAVE TO TESTIFY AT TIME OF PROBATE?
WHICH ONES ARE WILLING TO GO TO COURT?_____

1. **WITNESS NO. ONE:** ALIVE?_____ DEAD?_____
NAME:_____
Address on date of Will:_____
Today's Address:_____
_____
PHONE NUMBER:_____

2. **WITNESS NO. TWO:** ALIVE?_____ DEAD?_____
NAME:_____
Address on date of Will:_____
Today's Address:_____
_____
PHONE NUMBER:_____

3. **WITNESS NO. THREE:** ALIVE?_____ DEAD?_____
NAME:_____
Address on date of Will:_____
Today's Address:_____
_____
PHONE NUMBER:_____

B. **HANDWRITING WITNESSES TO TESTIFY:**

1. NAME:_____
ADDRESS:_____
_____
PHONE NUMBER:_____
NUMBER OF YEARS KNOW DECEDENT?_____
RELATIONSHIP TO DECEDENT?_____
HOW DID WITNESS COME TO KNOW HANDWRITING OF DECEDENT?_____
_____

2. NAME:_____
ADDRESS:_____
_____
PHONE NUMBER:_____
NUMBER OF YEARS KNOW DECEDENT?_____
RELATIONSHIP TO DECEDENT?_____
HOW DID WITNESS COME TO KNOW HANDWRITING OF DECEDENT?_____

ADDENDUM TO PROBATE HEIRSHIP QUESTIONNAIRE
TESTIMONY WITNESSES

A. **WITNESSES TO FAMILY HISTORY AND HEIRSHIP:**

WHICH ONES ARE WILLING TO GO TO COURT? _____

1. WITNESS NO. ONE:

NAME: _____

Today's Address: _____

_____

PHONE NUMBER: _____

2. WITNESS NO. TWO:

NAME: _____

Today's Address: _____

_____

PHONE NUMBER: _____

3. WITNESS NO. THREE:

NAME: _____

Today's Address: _____

_____

PHONE NUMBER: _____

3. WITNESS NO. FOUR:

NAME: _____

Today's Address: _____

_____

PHONE NUMBER: _____