

PROBATE INTAKE FORM

CLIENT NO. 1

Full First, Middle and Last Name

Relation to Decedent

PRINT how your name appears when you typically sign legal documents (on your ID):

City of Birth

Social Security Number

Date of Birth

***REQUIRED BY COURT
(Do not leave blank)**

***REQUIRED BY COURT
(Do not leave blank)**

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Cell Phone

Home Phone

Work Phone

E-Mail Address

Please check preferred method of contact: Home Cell Work E-mail

Employer _____ Position/Job Title _____

Business Address

Retired Yes No

U.S. Citizen Other Citizenship _____

Driver's License Number and State _____ (Provide a copy.)

***REQUIRED BY COURT (Do not leave blank)**

CRIMINAL HISTORY OF CLIENT NO. 1

This section must be answered! DO NOT LEAVE BLANK!

Have you ever been charged with a felony? **YES** **NO**

If so, please provide the date, case number, county, charge, and dissolution of case below: (Please list all felony charges and convictions)

Have you ever been arrested? **YES** **NO**

If so, please provide the date of arrest (please include any other arrest not mentioned above), the case number, county, charge, and dissolution of case below:

CLIENT NO. 2

Full First, Middle and Last Name

PRINT how your name appears when you typically sign legal documents

City of Birth

Social Security Number

Date of Birth

***REQUIRED BY COURT
(Do not leave blank)**

***REQUIRED BY COURT
(Do not leave blank)**

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Cell Phone

Home Phone

Work Phone

E-Mail Address:

Please check preferred method of contact: Home Cell Work E-mail

Employer _____ Position/Job Title _____

Business Address

Retired: Yes No

U.S. Citizen Other Citizenship _____

Driver's License Number and State _____ (Provide a copy.)
***REQUIRED BY COURT (Do not leave blank)**

CRIMINAL HISTORY OF CLIENT NO. 2

This section must be answered! DO NOT LEAVE BLANK!

Have you ever been charged with a felony? YES NO

If so, please provide the date, case number, county, charge, and dissolution of case below: (Please list all felony charges and convictions)

Have you ever been arrested? YES NO

If so, please provide the date of arrest (please include any other arrest not mentioned above), the case number, county, charge, and dissolution of case below:

(If the Decedent had a Will please provide a copy as it is needed for probate.)

DECEDENT'S PERSONAL INFORMATION

Date of Death: _____ City of death: _____
(Provide a certified copy of the death certificate.)

Decedent's Full First, Middle and Last Name

Nickname Social Security Number Date of Birth

***REQUIRED BY COURT
(Do not leave blank)**

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Employer _____ Position/Job Title _____

Business Address

Retired Yes No

U.S. Citizen Other Citizenship: _____

Driver's License Number and State _____ (Provide a copy.)
***REQUIRED BY COURT (Do not leave blank!)**

DECEDENT'S SPOUSE INFORMATION (if applicable)

Spouse's Full First, Middle and Last Name

Nickname

Social Security Number

Date of Birth

Physical Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Employer _____ Position/Job Title _____

Business Address

Retired: Yes No

U.S. Citizen Other Citizenship: _____

Driver's License Number and State: _____ (Provide a copy.)

Date of Marriage: _____

County & State of Marriage: _____

PRIOR MARRIAGE HISTORY OF DECEDENT

**This information is required to file the proper pleadings in any Estate.
DO NOT LEAVE BLANK!**

Marriage #1:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Dissolutions of marriage: _____

(If the marriage ended in divorce, please include date and county of divorce, If the marriage ended in death, please list the date of death.)

Marriage #2:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Dissolutions of marriage: _____

(If the marriage ended in divorce, please include date and county of divorce. If the marriage ended in death, please include the date of death.)

Marriage #3:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Dissolutions of marriage: _____

(If the marriage ended in divorce, please include date and county of divorce. If the marriage ended in death, please include the date of death.)

Marriage #4:

Name of Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Dissolutions of marriage: _____

(If the marriage ended in divorce, please include date and county of divorce. If the marriage ended in death, please include the date of death.)

Heirs and beneficiaries are children, spouses, parents or siblings of the Decedent, if living. Please list all heirs and beneficiaries below (including deceased heirs). (Please use additional pages if needed.) This information is required to file the proper pleadings in any Estate – DO NOT LEAVE BLANK!

Was the Decedent married at the time of his/her death? YES NO
If yes, state the name of the spouse: _____

Did the Decedent have children born to them or adopted by them? (formally, in a court proceeding): YES NO

If you answered YES, please provide the following information for each child born to or adopted by the Decedent, including children who are living and deceased.

If you answered NO, please skip to Pages 13-15.

Child No. 1:

Full First, Middle and Last Name Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Child No. 2:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Child No. 3:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Child No. 4:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

If any child of the Decedent predeceased the Decedent (died before the Decedent), please list the following information for that child's children:

If there are no children of the predeceased child/sibling, PLEASE SKIP THIS SECTION!

No. 1

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

Name of parents : _____

Please list Mother & Father's names (required by the court)

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

No. 2

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

Name of parents : _____

Please list Mother & Father's names (required by the court)

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

No. 3

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

Name of parents : _____

Please list Mother & Father's names (required by the court)

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

PLEASE USE ADDITIONAL SHEETS IF THERE ARE MORE CHILDREN TO BE LISTED. WE WILL NEED THIS INFORMATION FOR EVERY CHILD BELONGING TO A PREDECEASED CHILD.

If the Decedent had no children, please provide the following:

If the Decedent had children listed above, please skip this section

Mother:

Full First, Middle and Last Name

Maiden Name:

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Father:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Sibling No. 1:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Sibling No. 2:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Sibling No. 3:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

Sibling No. 4:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

Place of Birth: _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

MARITAL STATUS Divorced Widowed Single Married Other

Name of Spouse: _____ Number of Children _____

PLEASE USE ADDITIONAL SHEETS IF NEEDED

**IF THE DECEDENT HAD A WILL, PLEASE PROVIDE THE FOLLOWING INFORMATION
FOR THE BENEFICIARIES NAMED IN THE WILL:**

If the Decedent died without a Will, please SKIP THIS SECTION!

Beneficiary No. 1:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

Beneficiary No. 2:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

Beneficiary No. 3:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

Beneficiary No. 4:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

Beneficiary No. 5:

Full First, Middle and Last Name

Relation to Decedent

Birth Date _____ Social Security Number _____

If deceased, please provide Date of Death: _____

Phone Number _____ Email _____

Mailing Address _____

A disinterested witness is someone that will not gain from the Estate of the Decedent and is also able to provide information as to the Decedent and their family history. Please name three (3) disinterested witnesses below ONLY if the Decedent did not have a Will.

If the Decedent had a Will, please list the following information for the witnesses who witnessed the Will.

WITNESS NO. 1

Full First, Middle and Last Name

Relation to Decedent _____ Years Acquainted with Decedent _____

Phone Number _____ Email _____

Mailing Address: _____

WITNESS NO. 2

Full First, Middle and Last Name

Relation to Decedent _____ Years Acquainted with Decedent _____

Phone Number _____ Email _____

Mailing Address: _____

WITNESS NO. 3

Full First, Middle and Last Name

Relation to Decedent _____ Years Acquainted with Decedent _____

Phone Number _____ Email _____

Mailing Address: _____

THIS INFORMATION IS REQUIRED FOR ALL ESTATES WITHOUT A WILL.
PLEASE DO NOT LEAVE BLANK!

DECEDENT'S PROFESSIONAL ADVISORS
(If you do not know the information just write "N/A".)

CPA/Accountant

Name _____

Company _____ Phone No. _____

Financial Advisor

Name _____

Company _____ Phone No. _____

Life Insurance Agent

Name _____

Company _____ Phone No. _____

Attorney

Name _____

Company _____ Phone No. _____

Other

Name _____

Company _____ Phone No. _____

Please furnish originals, copies, or any other supporting documents for the items checked "yes" below. You may provide them at a later date via email, fax, FedEx, or hand delivery; however, please note, the sooner the documents are received the sooner the probate process may begin. Prompt receipt of any items is imperative!

DECEDENT'S FAMILY HISTORY

Did the decedent complete any wills, trusts, or estate planning documents?

Yes No

Are there any potential legal actions you believe the estate should consider?

Yes No

Was decedent receiving social security, disability, or any other government benefits?

Yes No

Is the decedent's surviving spouse receiving social security, disability, or any other government benefits?

Yes No

Was the decedent ever divorced?

Yes No

Was the decedent making payment pursuant to a divorce or property settlement agreement?

Yes No

Did the decedent ever sign a pre- or post-marriage contract?

Yes No

Was the decedent previously widowed?

Yes No

Did the decedent ever file federal or state gift tax returns?

Yes No

Do any of decedent's children receive government support of benefits?

Yes No

Did the decedent legally adopt any of the listed children?

Yes No

Did the decedent ever relinquish parental rights for a child?

Yes No

Were any of the decedent's children adopted by someone else?

Yes No

Did the decedent have children with special educational, medical, or physical needs?

Yes No

Are any of decedent's children institutionalized?

Yes No

Did decedent provide primary or other major financial support to adult children?

Yes No

DECEDENT'S FINANCIAL HISTORY and ASSETS

Please check each item and provide documentation. Account statements are only needed for the decedent's month of death.

_____ Bank and Credit Union account statements
(i.e. checking, savings, IRA, 3rd party, etc.)

_____ Safe Deposit Box

_____ Investment Accounts
(i.e. money market, mutual funds, 401(k) etc.)

_____ Stocks and/or Bonds

_____ Life Insurance Policies

_____ Personal affects
(i.e. vehicles, art, boats, jewelry, etc.)

_____ Insurance Policies (for above items)

_____ Real Property and/or Timeshares

- _____ Anticipated Income
(i.e. inheritance, lawsuit judgment, gifts, etc.)
- _____ Business Interests or Agreements
(Partnerships, LLC agreements, mineral/oil etc.)
- _____ Tax Return (previous two years)
- _____ Cemetery Deed or Burial Agreement
- _____ Debt
(i.e. promissory notes, credit cards, loan agreements, etc.)
- _____ Other Assets

WHOM MAY WE THANK FOR REFERRING YOU?

Keith Morris
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