

# PROBATE QUESTIONNAIRE



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Revised: November 2013

## CLIENT INFORMATION WORKSHEET

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### PART I - PERSONAL DATA

NAME of DECEDENT: Amy Cecilia Dyer

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

Street Address: 5315 Silvertip Drive

City: San Antonio State: Texas Zip Code: 78228-2744

Date of Birth: January 26, 1919

Place of Birth: Salisbury, Brisbane, Queensland, Australia

Date of Death: May 21, 2014

Place of Death: San Antonio, Texas

Social Security Number: 546-52-6016

Was Decedent a U.S. citizen? Yes:     No:   x  

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

Location of Will, if any: here

Date of Will: March 7, 1979

Location of Codicils, if any: none

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

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_

Patrick J. Dyer

Street Address: 5315 Silvertip Drive

City: San Antonio State: Texas Zip Code: 78228-2744

Home #: 210-435-9986 Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: pjdyer@swbell.net

Relationship to Decedent: son

**NAME of ALTERNATE REPRESENTATIVE:** \_\_\_\_\_

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

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

**PART II - BENEFICIARIES or HEIRS AT LAW**

**NAME of SPOUSE/DOMESTIC PARTNER:** Darrell Lee Dyer

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

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Date of Birth: December 5, 1920

Social Security Number: 570-09-6409D

Date and place of marriage/domestic partnership: October 7, 1944 - Australia

Status of Spouse: \_\_\_\_\_ Living ☒ Deceased \_\_\_\_\_ Under Conservatorship

**CHILDREN'S INFORMATION:**

1st Child's Name	Living	Age	Birthdate	Married
<u>Patrick Joseph Dyer</u>	<u>Y</u> / <del>N</del>	<u>67</u>	<u>02-09-1947</u>	<del>Y</del> / <u>N</u>

**Address**

5315 Silvertip Drive, San Antonio, TX 78228-2744

2 <sup>nd</sup> Child's Name	Living	Age	Birthdate	Married
_____	Y / N	____	_____	Y / N

Address

\_\_\_\_\_

3 <sup>rd</sup> Child's Name	Living	Age	Birthdate	Married
_____	Y / N	____	_____	Y / N

Address

\_\_\_\_\_

4 <sup>th</sup> Child's Name	Living	Age	Birthdate	Married
_____	Y / N	____	_____	Y / N

Address

\_\_\_\_\_

5 <sup>th</sup> Child's Name	Living	Age	Birthdate	Married
_____	Y / N	____	_____	Y / N

**Address**

\_\_\_\_\_

6 <sup>th</sup> Child's Name	Living	Age	Birthdate	Married
_____	Y / N	____	_____	Y / N

**Address**

\_\_\_\_\_

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner. Darrell L. Dyer (d. October 18, 1978)

\_\_\_\_\_

\_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

**Name:**

**Age:**

**Residence:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRANDCHILDREN'S INFORMATION**

**Name:**

**Age:**

**Birthdate:**

**Names of parents:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Name:	Relationship:	Living	Residence:
Emily Patrick	mother	Yes/No	
Thomas Patrick	father	Yes/No	
Winifred Duncan	sister	Yes/No	
Mary Morcum	sister	Yes/No	
Tommy Patrick	brother	Yes/No	
Alice Stinton	sister	Yes/No	
		Yes/No	

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

[illegible]



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

Name of former spouse	Living	Date of Death or Divorce
_____	Yes/No	_____
_____	Yes/No	_____
_____	Yes/No	_____

### PART III - 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: Patrick J. Dyer

Address: 5315 Silvertip Drive

Hm Phone No.: 210-435-9986 Wk Phone No.: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of any minor children should both parents die)

Name of Guardian: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

3rd Alternate Guardian: \_\_\_\_\_

#### **PART IV – ASSETS**

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:** Frost

Account title: \_\_\_\_\_

Account number: 014829021

Type of account: (checking/savings/money market/CD/Other checking)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
unknown as the Anna M. Torres Law Firm has had guardianship since  
December 2013

**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.)

**Street address:** 5315 Silvertip Drive , San Antonio

State/County of location: Texas Bexar

Legal description (if necessary, attach a copy to this worksheet):

single-family dwelling (homestead)

NCB 14301 BLK 8 LOT 37

[http://www.bcad.org/ClientDB/Property.aspx?prop\\_id=548134](http://www.bcad.org/ClientDB/Property.aspx?prop_id=548134)

Current fair market value (as of 2014): \$ 66,000

Name of mortgage company and account number, if any: \_\_\_\_\_

30-year 7% mortgage paid off in May 2002

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

Other liens against property: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

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:** Office of Personnel Mgt., Retirement Operations

Policy number: CS F1218568W

Name of owner: 52-6083699

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

Designated beneficiary: Amy C. Dyer

Date of issue: apx. Dec 1978

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

Amount of premiums [monthly/quarterly/semiannually]: \$ apx. 1300/month received

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

her derilict (since Nov 2007) 1980 Chevy Monza was  
towed away by the city on May 30, 2014.

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

I have lived at this residence since June 1972 so most items therein are considered to be a highly-mixed collection of ownership.

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



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

\_\_\_\_\_

**INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW**

- \_\_\_\_\_ 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. \_\_\_\_\_

***Thank you for providing this information to get us started in helping you. Additional information may be required. The attorney will let you know after discussing the situation.***