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PROSPECTIVE CLIENT PROBATE INFORMATION WORKSHEET

Please fill out this form completely and bring it with you to your scheduled appointment. You may also fax this form in to (832)533-9831 or e-mail it to jeannefugate7121@gmail.com. Please note that the receipt of this form does not mean that I have agreed to represent you. I do not represent you until you have signed, delivered, and I have accepted of a copy of my written fee agreement. **Please see the attached Agreement for Legal Services document, execute and include it in the packet.**

Please attach any documents as required

AGREEMENT FOR LEGAL SERVICES

JEANNE FUGATE ("attorney") agrees to provide legal services in the Probate legal matter discussed with _____, client(s). Client agrees to pay a retainer fee of _____.

In the event the total value of attorney's time at \$250.00 per hour exceeds the stated fee, client agrees to pay the total value plus expenses.

Responsibility to provide legal services will be accepted and work will begin when attorney receives \$_____ for the attorney's fees, filing fees, and expenses. All fees once paid are non-refundable and compensate the attorney for lost employment opportunities as a result accepting the case. Client agrees to make additional payments for attorney's fees, filing fees and expenses when requested by attorney. Billings will incur a 1.5% monthly interest fee if unpaid.

Attorney is authorized to employ other persons or firms deemed necessary for the proper handling of this matter, at client's expense, but attorney will not obligate client for any expenses in excess of \$50.00 without client's prior approval.

Attorney has the right to cease legal work and keep all funds received for legal services and expenses if client does not make payments as requested by attorney. This agreement does not include legal services for an appeal or adversary proceedings in this matter.

All sums collected from client's opposing party will be credited against client's obligation, but only when actually received by attorney.

This agreement is performable in any county in Texas.

The undersigned have read this agreement and agree to each of the terms and conditions stated in it.

SIGNED this _____ day of _____, 20____.

Client Signature

Client Signature

Client Signature

Attorney Signature
JEANNE FUGATE
4606 FM 1960 W.
Suite 400
Houston, Texas 77069
Tel. (281)859-9200
Fax (832)533-9831

TEXAS DESCENT AND DISTRIBUTION

(THE LEGAL EFFECT OF NOT HAVING A WILL)

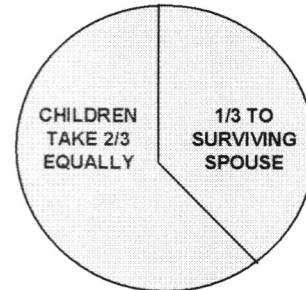
A. SEPARATE PROPERTY REAL ESTATE



MARRIED PERSON WITH CHILD[REN]

ALL REALTY IS OWNED BY DECEDENT'S CHILD[REN] WHEN SURVIVING SPOUSE DIES.

ALL OTHER PROPERTY



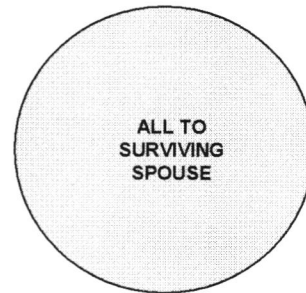
B. COMMUNITY PROPERTY REAL ESTATE



ONLY APPLIES IF

ALL SURVIVING CHILD[REN] AND DESCENDANTS OF DECEDENT ARE ALSO CHILD[REN] OR DESCENDANTS OF SURVIVING SPOUSE.

ALL OTHER PROPERTY



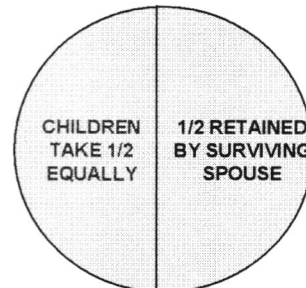
B. COMMUNITY PROPERTY REAL ESTATE



ONLY APPLIES IF

THERE ARE CHILDREN FROM OUTSIDE OF THE EXISTING MARRIAGE ON THE DATE OF DEATH OF THE DECEASED. CHILD[REN] OF DECEASED CHILD[REN] TAKE THEIR PARENT'S SHARE SUBJECT TO ADVANCEMENTS.

ALL OTHER PROPERTY



COMPLIMENTS OF
JUDGE RUSSELL AUSTIN
HARRIS COUNTY PROBATE COURT 1

SINGLE OR WIDOWED PERSON

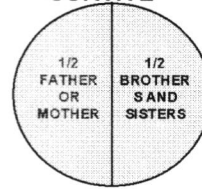
FATHER AND MOTHER SURVIVING ONLY



WITH NO CHILD[REN]

ENTIRE ESTATE GOES TO PARENT IF
NO SIBLINGS OR THEIR DESCENDANTS
SURVIVE DECEDENT.

PARENT AND SIBLINGS SURVIVE



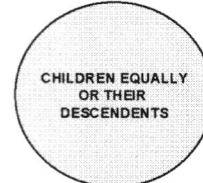
REAL ESTATE



WIDOW[ER] WITH CHILD[REN]

ANY CHILD[REN] TAKE THEIR SHARE
SUBJECT TO ADVANCEMENTS.

ALL OTHER PROPERTY



A. SEPARATE PROPERTY

REAL ESTATE

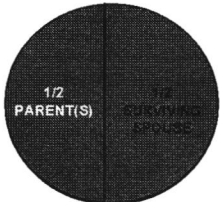
1. PARENTS SURVIVE



2. ONE PARENT SURVIVES

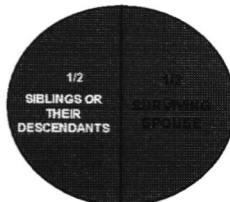


3. NO SIBLINGS OR THEIR DESCENDANTS



MARRIED PERSON WITH NO CHILD[REN]

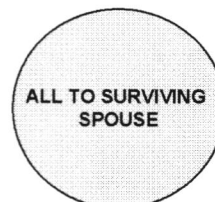
4. NO SURVIVING PARENT



5. NO SIBLINGS [DESCENDANTS] OR PARENTS



ALL OTHER PROPERTY



B. COMMUNITY PROPERTY: ALL REAL AND PERSONAL PROPERTY IS TAKEN BY SURVIVING SPOUSE

Caveat: See, Texas Probate Code §42, Inheritance Rights of Illegitimate Children; and, §47(a), Heirs Required Survival by 120 Hours.

SPECIAL INSTRUCTION 23

INVENTORY, APPRAISEMENT, AND LIST OF CLAIMS

Decedent's executor or administrator (and in some counties, parties inheriting property in a muniment of title proceeding) must file a full, complete, and verified inventory, appraisal, and list of claims (Probate Code, Sections 250 and 251) of decedent's estate as of the date of decedent's death (alternate valuation date does not apply) within ninety days following qualification (date of admission of decedent's will to probate in a muniment of title proceeding) unless the court grants an extension of time for filing. Failure to file an inventory is a ground for removal of an executor or administrator. Probate Code, Sections 222(a)(1)(B) and 260.

The inventory must include all real estate situated in Texas and all personal property regardless of where situated. Such assets must be identified as separate or community property, and their appraised values on the date of death must be stated opposite their descriptions. If decedent owned an undivided interest in an asset (or in a claim), the names and relationship of co-owners must be shown. Probate Code, Section 250.

The list of claims required by the statute is a list of claims owed to, not by, decedent. The list should include the name and address of each person so indebted, the nature of the debt (note, account, verbal contract, and so forth), the amount, date incurred and date due, the rate of interest and time for which interest runs, and whether separate or community. Names and relationships of other part owners must be shown. Probate Code, Section 251.

You should not request the court to appoint appraisers under Probate Code, Section 248, as their valuations are not binding or conclusive for death tax purposes. If they are appointed, the inventory must be verified by them. Many judges do not require them unless decedent's estate will be taxable. Fortunately, this patronage system has been eliminated in almost all Texas counties.

If appraisers are appointed, the best practice is for the assets to be fully described and for the proposed values to be established by the client or personal representative before submitting the inventory to the appraisers that will be used. Supporting data should be sent to the appraisers to indicate the method of valuation of the assets.

Assets discovered after the inventory has been filed are disclosed by a supplemental inventory (Probate Code, Section 256), while errors are corrected by filing an amended inventory.

In an independent administration, many lawyers regard the court's approval of the inventory as the final step in the procedures involving the filing of documents with the court. Since the court has not supervised decedent's estate, it will not approve a voluntarily filed accounting but will simply enter an order permitting it to be filed. In most cases it is not desirable to give such publicity to decedent's financial affairs, and the filing of an accounting is not recommended.

You will notice that the Inventory (Form 22) contemplates that the assets will be described on separate schedules. The lettering of these schedules coincides with the lettering of the schedules for IRS Form 706, United States Estate (and Generation-Skipping Transfer) Tax Return (FF 20) ("the Return"). By using identical copies of such schedules for the Inventory (Form 22) and for the Return, it is possible to dramatically reduce typing and the chance of errors. In those instances where alternate valuation will be used for the tax return, if the inventory has not already been filed, we recommend copying the schedules before the alternate valuations have been inserted and attaching them to the inventory. Of course, the required information can be completely retyped or put in a different form if desired. If filing the Return is not required, it is necessary for the information to be typed on separate pages that are then to be attached to the Inventory (Form 22).

General information concerning valuation is included in the different Special Instructions for asset valuations. More detailed and specific information may be found in the instructions for the estate tax return.

Certain items are properly included in the estate tax return but not in the inventory. Although their inclusion in the inventory might not be harmful, it might make an insolvent estate appear to be solvent and thus involve you and your client in much additional discussion and perhaps additional hearings. Items not to be listed in the inventory include real estate outside Texas, property disposed of before decedent's death, contingent property interests, property held in an express trust,

insurance payable to named beneficiaries, annuities,
payments by fraternal benefit societies, tort claims
surviving to the next of kin, property claimed by
another, property subject to a right of survivorship in a

third person, payable-on-death ("POD" or "P.O.D.")
bonds, and individual retirement accounts ("IRAs")
payable to a named beneficiary.

CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

NAME of DECEDENT: _____

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: _____

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 #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

NAME of ALTERNATE REPRESENTATIVE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____ Pgr #: _____

Relationship to Decedent: _____

PART II - BENEFICIARIES or HEIRS AT LAW

NAME of SPOUSE/DOMESTIC PARTNER: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____
Work #: _____ Fax #: _____
E-mail: _____ Pgr #: _____
Date of Birth: _____
Social Security Number: _____
Date and place of marriage/domestic partnership: _____
Status of Spouse: _____ Living _____ Deceased _____ Under Conservatorship

CHILDREN'S INFORMATION:

Name	Living	Age	Birthdate	Married	Address
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

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

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:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

Name:	Relationship:	Living	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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: _____
Address: _____
Hm Phone No.: _____ 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: _____
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.)

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: \$ _____

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 _____): \$ _____

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 _____): \$ _____

[illegible]

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: _____

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. _____

