



GP SCHOEMAKERS, PLLC

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ATTN: Gratia P. Schoemakers

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Prospective Client

Via e-Delivery

RE: Prospective Client Information Worksheet for Probate of Will

Dear Prospective Client,

Thank you for contacting GP Schoemakers, PLLC regarding the probate of the Last Will and Testament of your deceased loved-one. One of the first steps in the process is the filing of an Application for Probate with the Probate Court. In order to draft the Application, I need some basic information about you (the "Applicant") and the Decedent. By completing this form and mailing it (along with a copy of the Will) to GP Schoemakers, PLLC, you make it possible for the Firm to prepare the Application and have it ready for your signature at our initial meeting.

The form contains almost all of the information that we will need to complete your case. Though it may be a lot of work up front, we ask that you make every effort to answer every question asked as it will make the rest of your case easier. If you do not know the answer then please indicate that on the form.

I RECOMMEND THAT YOU DOWNLOAD THIS FORM TO YOUR COMPUTER AND IMMEDIATELY "SAVE" AND "CLOSE" THE FORM. YOU SHOULD THEN RE-OPEN THE LOCAL VERSION OF THE FORM AND ENTER DATA INTO THE LOCAL VERSION, PERIODICALLY SAVING THE FILE AS YOU MAKE PROGRESS.

Please understand that the GP Schoemakers, PLLC's receipt of this Worksheet by does not establish an attorney-client relationship. GP Schoemakers, PLLC will require pre-payment of its fees and the execution of an attorney-client fee agreement prior to accepting you as a client. Many times we can assist you for a fixed attorney's fee. Furthermore, the attorney's fee is usually reimbursable from the Estate of the Decedent. We do, however, look forward to working for you.

Sincerely,

*Gratia P. Schoemakers*

Gratia P. Schoemakers, Esq.

Attachment

# GP SCHOEMAKERS, PLLC

## Client Information Worksheet

### Section I. Information about the Applicant

1. Your full legal name: \_\_\_\_\_  
First Middle Last
2. Your name as in the Will: \_\_\_\_\_  
First Middle Last
3. Your residence address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code  
 \_\_\_\_\_  
Best Phone Number
4. Your E-Mail Address: \_\_\_\_\_  
E-Mail Address
5. Your relationship to Decedent: \_\_\_\_\_  
Relationship  
 Your SSN# and DL# \_\_\_\_\_  
Applicant SSN# Applicant Driver's License #

### Section II. Information about the Decedent

6. Decedent's name as in the Will: \_\_\_\_\_  
First Middle Last
7. Name variations on accounts: \_\_\_\_\_
8. Decedent's date of birth: \_\_\_\_\_
9. Decedent's date of death: \_\_\_\_\_ Age: \_\_\_\_\_
10. Location of Decedent's death: \_\_\_\_\_  
City, State County
11. Decedent's residence at death: \_\_\_\_\_  
Street County  
 \_\_\_\_\_  
City, State & Zip Code

Decedent's Driver's License # \_\_\_\_\_

12. List **ALL** of Decedent's marriages:

_____	_____	
<small>Current Spouse's Full Name</small>	<small>Date of Marriage</small>	
_____	_____	_____
<small>Prior Spouse's Full Name</small>	<small>Date of Marriage</small>	<small>Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/></small>
_____	_____	_____
<small>Prior Spouse's Full Name</small>	<small>Date of Marriage</small>	<small>Date of Divorce <input type="checkbox"/> / Death <input type="checkbox"/></small>

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## Section III. Information Regarding the Decedent’s Will

13. What is the date of the Decedent’s Will? \_\_\_\_\_

14. Is the Will “self-proved”? *See below.* Yes  No

A self-proved will contains notarized language at the end of the Will that is nearly identical to the following:

*Before me, the undersigned authority, on this day personally appeared [Decedent’s Name], [Witness#1] and [Witness#2], known to me to be the testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said [Decedent’s Name], testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament, and that he had willingly made and executed it as his free act and deed; and the said witnesses, each on his oath stated to me, in the presence and hearing of the said testator, that the said testator....*

15. Please provide the names to the witnesses to the Will:

Witness #1 First Name	Middle	Last Name	Witness #2 First Name
			Middle
			Last Name

16. Do you have any way of contacting the witnesses to the Will? Yes  No

17. Did the Decedent have or adopt any children after executing the Will? Yes  No

18. Was the Decedent divorced after the date of the Will? Yes  No

19. Does the Decedent’s Will name someone to serve as “Independent” Executor or Executrix? Yes  No

20. Does the Decedent’s Will say that the “Independent” Executor will serve “without bond”? Yes  No

21. Executors’ Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Residences: \_\_\_\_\_

Street	Street	Street
City, State & Zip Code	City, State & Zip Code	City, State & Zip Code

22. Will any of the Executors be waiving their right to serve? Yes  No

23. Has any named Executor ever been convicted of a felony? Yes  No

24. Are all named Executors Texas residents? Yes  No

25. Does the Decedent’s Will name the State of Texas, a governmental agency of the State of Texas, or a charitable organization as a devisee? Yes  No

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## Section IV. Information Regarding Decedent's Heirs

26. The Texas Estates Code requires personal representatives to give notice to all will beneficiaries within sixty days of the date a decedent's will is probated. Therefore, please provide the following information for **ALL** persons named as beneficiaries in the Decedent's Last Will and Testament:

a. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

b. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

c. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

d. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

e. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

f. \_\_\_\_\_ Deceased? Yes  No   
Full Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Date of Death

*Continue on back if necessary.*

27. Do all of the persons named in the Will and all of the Decedent's immediate family members not named in the Will agree as to the validity of the Decedent's Last Will and Testament and to your serving as the Executor of the Estate? Yes  No

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## Section V. Information for the Inventory, Appraisal and List of Claims

28. Description of Decedent’s Assets (Do not include “JTWROS”, “POD” or other assets that transfer automatically upon the death of the Decedent.)

<p>a. _____  <b>Homestead Address</b></p> <p>_____  <small>City, State &amp; Zip Code</small></p> <p>_____  <small>Mortgages, Deed of Trust, or Lien holder’s Name</small></p>	<p>\$ _____</p>	<p>_____  <small>Appraisal District Tax Valuation (See “www.dcad.org”)</small></p> <p>_____  <small>Date of Purchase (Month/Year)</small></p> <p>Community Property      Yes <input type="checkbox"/> No <input type="checkbox"/>  <small>See definition below.</small></p>
<p>b. _____  <b>Other Real Property Address</b></p> <p>_____  <small>City, State &amp; Zip Code</small></p> <p>_____  <small>Mortgages, Deed of Trust, or Lien holder’s Name</small></p>	<p>\$ _____</p>	<p>_____  <small>Appraisal District Tax Valuation (See “www.dcad.org”)</small></p> <p>_____  <small>Date of Purchase (Month/Year)</small></p> <p>Community Property      Yes <input type="checkbox"/> No <input type="checkbox"/>  <small>See definition below.</small></p>
<p>c. _____  <b>Automobile Make &amp; Model</b></p> <p>_____  <small>VIN Number (Required)</small></p> <p>_____  <small>Lien holder’s Name</small></p>	<p>\$ _____</p>	<p>_____  <small>Estimated “Blue Book” Value (See “www.kbb.com”)</small></p> <p>Community Property      Yes <input type="checkbox"/> No <input type="checkbox"/>  <small>See definition below.</small></p>
<p>d. _____  <b>Bank/Investment Company Name</b></p> <p>X _____  <small>Last Four Digits of Account Number</small></p> <p>_____  <small>Bank Address</small></p> <p>_____  <small>City, State &amp; Zip Code</small></p>	<p>\$ _____</p>	<p>_____  <small>Account Value (as of the Date of Death)</small></p> <p>Savings <input type="checkbox"/>    Checking <input type="checkbox"/>    Investment <input type="checkbox"/></p> <p>Community Property      Yes <input type="checkbox"/> No <input type="checkbox"/>  <small>See definition below.</small></p>
<p>e. _____  <b>Bank/Investment Company Name</b></p> <p>X _____  <small>Last Four Digits of Account Number</small></p> <p>_____  <small>Bank Address</small></p> <p>_____  <small>City, State &amp; Zip Code</small></p>	<p>\$ _____</p>	<p>_____  <small>Account Value (as of the Date of Death)</small></p> <p>Savings <input type="checkbox"/>    Checking <input type="checkbox"/>    Investment <input type="checkbox"/></p> <p>Community Property      Yes <input type="checkbox"/> No <input type="checkbox"/>  <small>See definition below.</small></p>

Community property consists of the property, other than separate property, acquired by either spouse during marriage. A spouse's separate property consists of: 1) the property owned or claimed by the spouse before marriage; 2) the property acquired by the spouse during marriage by gift or inheritance; and 3) the recovery for personal injuries sustained by the spouse during marriage, except any recovery for loss of earning capacity during marriage. All property that is acquired during the marriage is presumed to be community property unless proven otherwise.

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f. \_\_\_\_\_ \$ \_\_\_\_\_  
**Life Insurance Payable to the Estate** Face Value of Policy  
 \_\_\_\_\_ Community Property Yes  No   
Policy Number See definition on previous page.  
 \_\_\_\_\_  
Insurance Company Address  
 \_\_\_\_\_  
City, State & Zip Code

g. **Furniture and Furnishings of residence:** \$ \_\_\_\_\_  
Estimated "Fair Market Value" of Property (i.e. the price you would get if sold at an estate sale).  
 \_\_\_\_\_ Community Property Yes  No   
See definition on previous page.

h. **Misc. personal effects, jewelry, clothing, etc.:** \$ \_\_\_\_\_  
Estimated Fair Market Value of Property (i.e. the price you would get if sold at an estate sale).  
 \_\_\_\_\_ Community Property Yes  No   
See definition on previous page.

## Section VI. Information Regarding Decedent's Debts

### 29. Description of Decedent's Debts:

a. \_\_\_\_\_ \$ \_\_\_\_\_  
**Name of person who paid for funeral** Costs  
 \_\_\_\_\_  
 b. \_\_\_\_\_ \$ \_\_\_\_\_  
**Healthcare Provider** Total Expenses NOT Covered by Insurance  
 \_\_\_\_\_  
 c. \_\_\_\_\_ \$ \_\_\_\_\_  
**Credit Card Company** Total Unpaid Credit Card Balance  
 \_\_\_\_\_  
 d. \_\_\_\_\_ \$ \_\_\_\_\_  
**Utility Company Name** Total Unpaid Balance  
 \_\_\_\_\_  
 e. \_\_\_\_\_ \$ \_\_\_\_\_  
**Phone Company Name** Total Unpaid Balance  
 \_\_\_\_\_

*Please list information regarding all other debts on back*

30. Would you be willing to immediately pay all of the Estate's outstanding debts in order to probate the Will as a muniment of title only? Yes  No

A muniment of title proceeding is a simplified probate wherein the court does not appoint an executor because no administration is necessary. The court's Order Admitting Will to Probate gives the Will legal effect and constitutes sufficient legal authority to all persons to pay or transfer estate property to the persons described in the Will as the beneficiaries of the property. Most financial institutions, however, insist on only releasing estate funds to a court-appointed executor by requiring "Letters Testamentary" or "Letters of Administration" prior to releasing funds. In that event you have no choice but to ask the court to appoint an executor.

31. Would you like to pay our fees and court costs with a credit card? Yes  No

32. How did you first hear of I R'Uej qgo cngtu.'RNNE?

<input type="checkbox"/> Referral from Friend	<input type="checkbox"/> Referral from Lawyer
<input type="checkbox"/> Google Search	<input type="checkbox"/> Avvo
<input type="checkbox"/> Yelp	<input type="checkbox"/> Other: _____