



**PROBATE INFORMATION SHEET**

**EXECUTOR/APPLICANT INFORMATION:**

Executor's Name: \_\_\_\_\_

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

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ (last 3 digits)

Executor's Driver's License No. \_\_\_\_\_ (Last 3 digits) State: \_\_\_\_\_ (required)

Have you ever been convicted of a felony crime?: \_\_\_\_\_

**DECEDENT INFORMATION:**

Full Name of Decedent: \_\_\_\_\_

Decedent's Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Age of Decedent upon death: \_\_\_\_\_ Decedent's Social Security No.: \_\_\_\_\_

Decedent's Driver's License No. \_\_\_\_\_ Last 3 digits) State: \_\_\_\_\_

Decedent's Residence: \_\_\_\_\_ County: \_\_\_\_\_

Date on which the residence was established: \_\_\_\_\_

Number of years Decedent lived at this residence: \_\_\_\_\_

Date on which Texas domicile was established: \_\_\_\_\_

Decedent's marital status at death: \_\_\_\_\_

Has Decedent ever applied for or received Medicaid Benefits on or after March 1, 2005?  Yes

No



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**SPOUSE INFORMATION:**

Full Name of Decedent's Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_ Place of  
Death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

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

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell:  
\_\_\_\_\_

Social Security No.: \_\_\_\_\_ (last 3 digits) Driver's License No.: \_\_\_\_\_ (last 3 digits)  
State: \_\_\_\_\_

**PRIOR MARRIAGES:**

Name of prior spouse:  
\_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Marriage ended by divorce or death? \_\_\_\_\_ Divorce \_\_\_\_\_ Death

**If divorced:** complete the following for each divorce:

Name of spouse: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_ and/or Date of Death (if applicable):  
\_\_\_\_\_

**CHILDREN AND DESCENDANTS:**

Did Decedent ever adopt any children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names, addresses, and dates of birth of Decedent's children, whether natural or adopted, whether living or not:

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Use reverse side to list additional information)*

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If any children predeceased Decedent, names, addresses, and dates of birth of all living issue of the deceased child:

<u>Name</u>	<u>Address</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BENEFICIARIES:** (Names, addresses, and dates of birth of any beneficiary (other than Decedent's wife and children) named in Decedent's Will)

Beneficiary Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
*(Use reverse side to list additional information)*

**REAL PROPERTY:**

Did Decedent own any real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Did Decedent own any real estate outside of Texas \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, identify the county and state: \_\_\_\_\_

Furnish the following information for each tract: **Copy of Deed** showing complete property description, attach separate sheets for lengthy descriptions and for additional properties.

Use the following abbreviations for type of property: **HS** - Family Homestead; **OH** - Other Residential; **C** - Commercial; **F** - Farm; **R** - Ranch; **U** - Unimproved; **M** - Non-producing mineral or royalty interest; **PM** - Producing mineral or royalty interest.

Indicate whether ownership was separate or community property.  Community  Separate

Description of improvements on each tract (i.e., mobile home, brick or wood-frame home,



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number of bedrooms, etc.):

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Street address of each property: \_\_\_\_\_

*(use back of sheet if necessary)*

Approximate Market Value at death of Decedent of each property: \$ \_\_\_\_\_

*(Furnish copy of Tax Notice and Appraisal Notice on each tract)*

Is there a lien on any tract? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, furnish name, address, loan number, and approximate balance owing at the time of death.

Is any property rented or leased? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, furnish information. \_\_\_\_\_

*(Furnish copy of Lease)*

Did Decedent own any minerals or royalties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", furnish copy of Oil & Gas Lease or check stubs showing operating companies.



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**PLEASE LIST THE REMAINING ASSETS OF DECEDENT:**

List assets of Decedent and approximate value and/or balance as of date of death (such as bank accounts, savings accounts, checking accounts, CD's, investment accounts with brokerage firms, stocks, bonds, securities, vehicles, valuable antiques, and miscellaneous assets)

*Within the next couple of weeks, you will need to furnish copies of bank statements, broker's statements, etc. showing balances as of Decedent's date of death:*

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