

Law Office of David L. Leon, PC

DALLAS, TEXAS

www.dallasbusinessattorneys.com

Texas Legal Forms -- Probate of a Non-taxable Estate

Please note that our firm does not accept unsolicited forms. Do not use this form until you have discussed this matter with one of our attorneys and have returned a signed attorney client agreement form. Please return the completed form and supporting materials (such as a death certificate, copies of deeds, and the will) via fax 214.696.0110, mail or in person. Do not email this form.

Instructions: If you do not have enough room in one section to complete your answer, there is an additional section at the end of this form for you to include the additional information. You may fax or mail the completed form to us, do not email this form.

Please call us if you would like for us with any questions or if you would like for us to assist you in completing this form. Once we receive this completed form from you, we will create draft documents which we will review with you either in person or by telephone. We then create new drafts based on our conversations.

Your name:	Today's date:
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Section One : About the Decedent

1. What is the Decedent's name:	1a. Date of death?	1b. Date of birth?	1c. County of death:
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1d. What was the decedent's homestead address?	1e. Is there a written will? <input type="checkbox"/> Yes <input type="checkbox"/> No	1f. If yes, do you have the original? <input type="checkbox"/> Yes <input type="checkbox"/> No	1g. Decedent's social security no?
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2. Was the deceased married at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then please provide the spouse's name: and the spouse's citizenship status:	Has the deceased ever been married before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the names of each spouse, and the date on which such marriages ended and how such marriage ended: (example: First marriage to Tom Jones ended with his death in 1979) 1. 2. 3.
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3. How many children did the deceased have, total?	Of those children, how many are still living?	How many are minors?	How many have special needs?
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4. For each child of the deceased, please list the child's name, address (if still living, otherwise indicate "deceased" and list the year of death), the child's other parent, and number of children in the following grid:

6b. Sibling's name:	Common parent	Street address (if living, otherwise indicate "deceased" and list year of death)	If deceased, number of children?
6c. Sibling's name:	Common parent	Street address (if living, otherwise indicate "deceased" and list year of death)	If deceased, number of children?
6d. Sibling's name:	Common parent	Street address (if living, otherwise indicate "deceased" and list year of death)	If deceased, number of children?
6e. Sibling's name:	Common parent	Street address (if living, otherwise indicate "deceased" and list year of death)	If deceased, number of children?

Section Two: Decedent's finances and assets

7. Who is preparing the tax forms for the deceased (final tax return, etc.)?

Name	street address	city, ST zip	telephone number
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8. Did the deceased own any real property? If so, please list the street addresses and legal description for each parcel, and county. Please also indicate if any proeprty is subject to a mortgage or other lien:

9. Aside from debts secured by real property, please list all of the outstanding debts of the deceased, include medical, funeral, etc.:

9a. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed
9b. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed

9c. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed
9d. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed
9e. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed
9f. Creditor name	Contact person (if any)	Mailing address	account no.	telephone number	amount owed
10. Please list any specific bank accounts, mutual funds or retirement accounts that the deceased owned at the time of death:					
10a. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance
10b. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance
10c. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance
10d. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance
10e. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance

10f. Financial institution	Contact person (if any)	Mailing address	account no.	telephone number	balance
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Section Three: witnesses

Please list two disinterested witnesses who can attest to the facts concerning the decedent's familial history, finances, etc.

First Witness (include name, address, city state & zip):

Second Witness (include name, address, city state & zip):

Special comments, additional information, etc.:

Please return the completed form to our office via fax or mail. DO NOT EMAIL THIS FORM