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Client Information Worksheet
Estate, Probate, and Trust Administration

Decedent Name: _____

Date of Death: _____

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Client Information Worksheet

Note: If there is not enough room on a page, please copy that page.

Section 1.01 Client Information

Are you? ___ Executor/Administrator ___ Trustee ___ Contestant ___ Trust Modification
 ___ Guardian for Adult ___ Guardian for Minor

Name: _____

SSN: _____

Street Address: _____

City/State ZIP: _____

Phone #s: _____

Emails: _____

Relationship to Decedent/Ward/Beneficiary: _____

1st Alternate Personal Representative: _____

Phone/Emails: _____

2nd Alternate Personal Representative: _____

Phone/Emails: _____

3rd Alternate Personal Representative: _____

Phone/Emails: _____

Guardian of Minor Children (if same as above, please note that):

Name: _____

Street Address: _____

City/State ZIP: _____

Phone #s: _____

Emails: _____

1st Alternate Guardian: _____

Phone/Emails: _____

2nd Alternate Guardian: _____

Phone/Emails: _____

3rd Alternate Guardian: _____

Phone/Emails: _____

Is there anything unusual you think we need to know? _____

Section 1.02 Decedent’s Personal Data

Decedent: _____
 Alias Names (if any): _____
 Street Address: _____
 City/State ZIP: _____
 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: _____

Spouse/Domestic Partner: _____
 Alias Names (if any): _____
 Street Address: _____
 City/State ZIP: _____
 Date of Birth: _____
 Place of Birth: _____
 Date of Death (if applicable): _____
 Place of Death (if applicable): _____
 Date and place of marriage/domestic partnership: _____
 Status of Spouse: _____ Living _____ Deceased _____ Under Conservatorship
 Is/Was Spouse/Domestic Partner 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: _____

Location of Trusts, if any: _____
 Date of Trusts: _____
 Location of Amendments, if any: _____
 Date of Amendments: _____

Location of Trusts, if any: _____
 Date of Trusts: _____
 Location of Amendments, if any: _____
 Date of Amendments: _____

Location of Trusts, if any: _____
 Date of Trusts: _____
 Location of Amendments, if any: _____
 Date of Amendments: _____

Section 1.03 Decedent’s Family Information

The more complete the family tree is the better to avoid surprises.

a. Information about Decedent’s Children:

Child’s Name	Living	Age	Birthdate	Married	Names of Children
_____	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).

b. Decedent’s Other Dependents, if any

Name	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a separate sheet, provide the following information about Decedent’s grandchildren: names, parents’ names, ages, whether living/deceased, if adopted, and addresses.

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

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

c. If Decedent Left No Will, Trust, Surviving Child, or Surviving Spouse

Father – Is he still alive?

Mother – Is she still alive?

Names of his children – Are they still alive?

Names of her children – Are they still alive?

Paternal Grandfather -- Is he still alive?

Maternal Grandfather – Is he still alive?

Names of his children – Are they still alive?

Names of his children – Are they still alive?

Paternal Grandmother – Still alive?

Maternal Grandmother – Still alive?

Names of her children – Are they still alive?

Names of her children – Are they still alive?

For each person named, we need to know if they are alive, whether they had children, and if any of the children have had children, their names, and whether they are still alive.

Section 1.04 Important Family Questions

Are there any minor children with learning disabilities? Yes No
 Do any beneficiaries receive governmental support or benefit? Yes No
 Are there any adopted children? Yes No
 Does anyone have special education, medical, or physical needs? Yes No
 Is anyone institutionalized? Yes No
 Is anyone receiving Social Security, Disability, or other governmental benefits Yes No
 Do you provide primary, or other major financial support, to adult children? Yes No
 Have either you or your spouse been divorced? Yes No
 In what state have you lived with your current spouse? During what periods of time did you reside there?

If you answer yes to the following, please provide a copy of the documents in question.

Are you making payments pursuant to a divorce or property settlement? Yes No
 Have you or your spouse ever filed a federal or state gift tax return? Yes No
 Have you or your spouse ever filed a federal or state estate tax return? Yes No
 Have you or your spouse completed previous will, trust, or estate planning? Yes No

Section 1.05 Asset Information

Describe decedent’s assets. Indicate whether you think the asset is community property (CP), decedent’s separate property (DSP), or the survivor’s separate property (SSP). State the name(s) that appear on the title, if known, and state whether the property is held with right of survivorship, if known.

a. 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. *Copy this page if necessary.*

Street address: _____

State/County of location: _____

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

Current fair market value (as of date of death): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of date of death): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____ CP DSP SSP

Attach Deed w/legal description (*not from County Tax Records*)

Copy this page if necessary.

Street address: _____
 State/County of location: _____
 Current fair market value (as of date of death): \$ _____
 Name of mortgage company and account number, if any: _____
 Current balance of mortgage (as of date of death): \$ _____
 Other liens against property: _____
 Current net equity in property: \$ _____ CP DSP SSP
 Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
 State/County of location: _____
 Current fair market value (as of date of death): \$ _____
 Name of mortgage company and account number, if any: _____
 Current balance of mortgage (as of date of death): \$ _____
 Other liens against property: _____
 Current net equity in property: \$ _____ CP DSP SSP
 Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
 State/County of location: _____
 Current fair market value (as of date of death): \$ _____
 Name of mortgage company and account number, if any: _____
 Current balance of mortgage (as of date of death): \$ _____
 Other liens against property: _____
 Current net equity in property: \$ _____ CP DSP SSP
 Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
 State/County of location: _____
 Current fair market value (as of date of death): \$ _____
 Name of mortgage company and account number, if any: _____
 Current balance of mortgage (as of date of death): \$ _____
 Other liens against property: _____
 Current net equity in property: \$ _____ CP DSP SSP
 Attach Deed w/legal description (*not from County Tax Records*)

Street address: _____
 State/County of location: _____
 Current fair market value (as of date of death): \$ _____
 Name of mortgage company and account number, if any: _____
 Current balance of mortgage (as of date of death): \$ _____
 Other liens against property: _____
 Current net equity in property: \$ _____ CP DSP SSP
 Attach Deed w/legal description (*not from County Tax Records*)

Mineral Interests

Include any property in which the parties own any mineral interest separate 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. *Copy this page if necessary.*

Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death):\$ _____ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well: _____

Type of interest: _____ Percent of interest: _____

State/County of location: _____

Name of producer/operator: _____

Current value (as of date of death):\$ _____ CP ___ DSP ___ SSP

Attach Deed w/legal description (*not from County Tax Records*)

b. Stocks, Bonds, Brokerage/Mutual Fund Accounts

Include securities that are not in a brokerage account, mutual funds, and not in a qualified retirement plan fund (use **Retirement Plans** on p.14). *Copy this page if necessary.*

Name of brokerage firm/mutual fund: _____

Name of account (and subaccounts, if any): _____

Account Title: _____

Account number (and numbers of subaccounts, if any): _____

Type: (common/preferred stock) & Certificate numbers: _____

Date of Death Value: \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

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 date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

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 date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

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 date of death): \$ _____ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom? _____

c. Cash, Notes, and Mortgages

Include cash, traveler’s checks, money orders, and accounts with banks, savings banks, credit unions, etc. *Copy this page if necessary.*

Cash on hand: _____
 Traveler’s checks: \$ _____ Money orders: \$ _____

Accounts (at financial institutions) – checking, savings, money market, CDs:

Name of financial institution: _____
 Account title: _____
 Account number: _____
 Type of account: (checking/savings/money market/CD/Other) _____
 Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP
 Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
 If so, to whom? _____

Name of financial institution: _____
 Account title: _____
 Account number: _____
 Type of account: (checking/savings/money market/CD/Other) _____
 Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP
 Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
 If so, to whom? _____

Name of financial institution: _____
 Account title: _____
 Account number: _____
 Type of account: (checking/savings/money market/CD/Other) _____
 Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP
 Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
 If so, to whom? _____

Name of financial institution: _____
 Account title: _____
 Account number: _____
 Type of account: (checking/savings/money market/CD/Other) _____
 Current account balance (as of date of death): \$ _____ CP ___ DSP ___ SSP
 Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
 If so, to whom? _____

Who owes Decedent money? _____
 Original Amount: \$ _____
 Note and Terms: _____
 Current balance (as of date of death): \$ _____ Years/Months remaining _____
 Status: _____
 Special Conditions: _____

d. Life Insurance (also include Life Insurance on Surviving Spouse)

Copy this page if necessary.

Name of insurance company: _____
 Date of issue: _____ Policy number: _____
 Name of owner: _____
 Name of insured: _____
 Designated beneficiary: _____
 Type of insurance: (term/whole/universal) Face amount: \$ _____
 Amount of premiums (monthly/quarterly/semiannually): \$ _____
 Cash surrender value: \$ _____

Name of insurance company: _____
 Date of issue: _____ Policy number: _____
 Name of owner: _____
 Name of insured: _____
 Designated beneficiary: _____
 Type of insurance: (term/whole/universal) Face amount: \$ _____
 Amount of premiums (monthly/quarterly/semiannually): \$ _____
 Cash surrender value: \$ _____

Name of insurance company: _____
 Date of issue: _____ Policy number: _____
 Name of owner: _____
 Name of insured: _____
 Designated beneficiary: _____
 Type of insurance: (term/whole/universal) Face amount: \$ _____
 Amount of premiums (monthly/quarterly/semiannually): \$ _____
 Cash surrender value: \$ _____

Name of insurance company: _____
 Date of issue: _____ Policy number: _____
 Name of owner: _____
 Name of insured: _____
 Designated beneficiary: _____
 Type of insurance: (term/whole/universal) Face amount: \$ _____
 Amount of premiums (monthly/quarterly/semiannually): \$ _____
 Cash surrender value: \$ _____

e. Jointly Owned Property

Asset	Value	Co-Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____

f. Miscellaneous, Safe Deposit Boxes, Agricultural, Vehicles, Intellectual Properties, Retirement Plans, Business Interests

Miscellaneous Property

Decedent’s Household Goods and Personal Effects with Spouse	\$ _____
Joint Household Goods and Personal Effects with Spouse	\$ _____
Employer’s Death Benefit (if not in life insurance category)	\$ _____
QTIP Interests	\$ _____
Insurance owned on life of another	\$ _____
Refunds – including income tax refunds	\$ _____
Interests in trusts (not Revocable Living Trust)	\$ _____
Reporting Stock Options	\$ _____

Agricultural Assets (not real property)

Farm Equipment	\$ _____
Ranch Equipment	\$ _____
Supplies	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Other	\$ _____
Other	\$ _____

Vehicles (see next page for additional information needed on each vehicle)

Personal Automobiles	\$ _____
Aircraft (type _____)	\$ _____
Boats, Personal Watercraft	\$ _____
Ships, Yachts	\$ _____
Motorcycles, Bicycles, All Terrain Vehicles	\$ _____
Recreational Vehicles	\$ _____
Other	\$ _____

Other Miscellaneous Property (Include Patents, Copyrights, and Trademarks)

Including household furniture, furnishings, fixtures, electronics and computers, antiques, artwork, collections, sporting goods, jewelry and other personal items, etc. *Copy this page if necessary.*

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

Description of Asset: _____
Owner: _____
Value (as of date of death): \$ _____ CP DSP SSP

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: _____

Motor Vehicles, Boats, Airplanes, Cycles, Etc.

Include mobile homes, trailers, and recreational vehicles. *Copy this page if necessary.*

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Value (as of date of death): \$ _____ CP ___ DSP ___ SSP
 Current balance (as of date of death): \$ _____
 Kelley Blue Book Value: _____ 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 date of death): \$ _____
 Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
 Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
 Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
 Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Year: _____ Make: _____ Model: _____
 Name on certificate of title: _____
 In possession of: _____
 Vehicle identification number: _____
 Name of creditor if loan against vehicle: _____
 Date of Death balance: \$ _____ Date of Death equity in vehicle: \$ _____
 Kelley Blue Book Value: \$ _____ CP ___ DSP ___ SSP

Retirement Plans For Decedent

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. *Copy this page if necessary.*

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Retirement Plans for Decedent’s Spouse

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. *Copy this page if necessary.*

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Name of plan: _____

Name of plan administrator: _____

Administrator address: _____

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 date of death):\$ _____ CP ___ DSP ___ SSP

Business Interests

Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities. *Copy this page if necessary.*

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of date of death): \$ _____ CP DSP SSP

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of date of death): \$ _____ CP DSP SSP

Business Personal Property (i.e., patents, copyrights, trademarks, royalties, rental equipment for lease to others etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

g. Transfers During Decedent’s Life

Transfers with a Retained Life Estate \$ _____
 Transfers taken Effect at Death \$ _____
 Revocable Transfers \$ _____
 Transfers within 3 years of Death \$ _____

h. Powers of Appointment

General Power of Appointment held at Death \$ _____
 Holder Releases or Exercise of General Power of Appointment \$ _____
 Lapses of Powers and “5 and 5” Exceptions \$ _____
 Transfers within 3 years of Death \$ _____

i. Annuities

Copy this page if necessary.

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): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

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): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

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): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

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): \$ _____
Value (as of date of death): \$ _____ CP ___ DSP ___ SSP

Section 1.06 Firearms

The illegal transfer of any firearm is a felony! Penalties for both the transferor and the transferee are up to 10 years in prison and a \$250,000 fine PER FIREARM! Applicable laws include the National Firearms Act of 1934, the Gun Control Act of 1968, and numerous state laws. Transfers of handguns to a person out of state are often illegal.

Be as accurate as possible in answering these questions so we can find legal solutions to potential problems.

Firearms:

List ***all*** firearms on a separate page and approximate value, if known. Include manufacturer, model (if known), serial numbers, and accessories (such as magazines and capacity of magazines). ***Note that some states have restrictions on magazine capacity.***

How many rifles did decedent own/possess? _____

How many shotguns did decedent own/possess? _____

How many handguns did decedent own/possess? _____

Executors, Administrators, Trustees, potential Heirs, Beneficiaries, and Distributees:

Has any potential executor, administrator, trustee; potential heir, beneficiary, or distributee:

Been convicted of a felony? No Yes (explain)

Been convicted of domestic or family violence? No Yes (explain)

Been adjudicated or diagnosed with mental issues? No Yes (explain)

In or been in a mental institution? No Yes (explain)

Renounced his or her US citizenship? No Yes (explain)

A fugitive from justice? No Yes (explain)

An illegal alien? No Yes (explain)

Subject to restraining order for harassing, stalking, or threatening an intimate partner? No Yes (explain)

Under 18 for shotgun or rifle? No Yes (explain)

Under 21 for handgun? No Yes (explain)

Live out of state? No Yes (explain)

Decedent:

Did decedent have a Federal Firearms License? No Yes

Did decedent have a tax stamp for any firearm or accessory? No Yes

Did decedent own any Class III / Title 2 weapons (see below):

Machine guns No Yes

Short-barreled rifles No Yes

Short-barreled shotguns No Yes

Sound suppressors (silencers) No Yes

Any Other Weapon (AOWs), or No Yes

Destructive devices No Yes

Provide any explanations or other information you think might be relevant on a separate sheet.

Section 1.07 Decedent's Liabilities

Liabilities: List all liabilities and debts below:

1. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

2. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

3. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

4. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

5. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

6. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

7. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

8. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

9. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

10. Name of Company _____ Account # _____
Address: _____
Amount \$ _____ in the name of _____

Section 1.08 Documents You 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. _____ Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
17. _____ Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
18. _____ Stockholder or partnership agreements
19. _____ Pension and profit-sharing plans and summary of current benefits
20. _____ Leases
21. _____ Instruments under which client has any interest or power of appointment

