

Information & Instructions: Probate information form & Case Timetable form

PREVIEW

PROBATE INFORMATION FORM

Client's name: _____

Decedent's name as shown on the Will: _____

Decedent's full name: _____

Other names by which Decedent was known by: _____

Date of Birth: _____

Place of Birth: City: _____ County: _____ State: _____

Date of Death: _____

Place of Death: City: _____ County: _____ State: _____

Age at Death: _____

Residence at death: City: _____ County: _____ State: _____

Value of Decedent's Property \$ _____

Date of Decedent's Will: _____

Location of original Will: _____

Has the Will been revoked, modified or changed: _____

Codicil to the Will: _____

Decedent's Military History: _____

Employer:

Name: _____

Address: _____

Telephone No.: _____

Cause of Decedent's Death: _____

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Length of Decedent's Last Illness: _____

Decedent's attending physician's name: _____

Address: _____

Decedent's hospital confinement: _____

Name: _____

Address: _____

Ailment: _____

Name of Funeral Home: _____

Address: _____

Phone No.: _____

Person to Contact: _____

Cemetery Location: _____

Decedent's Employer Identification No.: _____

Any pending causes of action or claims against decedent for which notices need to be sent out: _____

Decedent's Spouse:

Name: _____

Address: _____

Phone No.: _____

Decedent's Heirs:

Names: _____

Relationship: _____

Addresses: _____

Phone Nos.: _____

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Decedent's Previous Attorney:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Matters Handled: _____

Decedent's Accountant:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Matters Handled: _____

Decedent's Insurance Agent:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Types of Policies Issued: _____

Financial Planner:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

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Stockbroker:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Decedent's Assets and Debts:

Complete asset questionnaire. Date completed: _____

Complete debt questionnaire. Date completed: _____

Decedent's Social Security No.: _____

Applicant's Name and Social Security No.: _____

County: _____

Address: _____

Relationship of Applicant to the Decedent: _____

Decedent's Residence at the time of death: _____

Names and Addresses of Subscribing Witnesses to Decedent's Will: _____

Decedent's Marriage History: List all marriages:

Date(s): _____

Spouse(s): _____

Divorced: _____

Independent Executor:

Name: _____

Address: _____

Phone No.: _____

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Name of First Substituted Independent Executor: _____

Address: _____

Phone No.: _____

Name of Second Substituted Independent Executor: _____

Address: _____

Phone No.: _____

Decedent's Branch of Military Service: _____

Dates of Service: _____

Military Number: _____

Veteran's Administration Number: _____

Citizenship: _____

County in which principal property is located: _____

Decedent's occupation or business: _____

Employment status: _____

Person to contact regarding employment benefits, pension plans, etc.: _____

Person to contact regarding collecting insurance benefits: _____

Did Decedent owe any Debts which are not secured by liens on real Estate?: _____

Letters of Testamentary Requested: _____

No. of Letters Requested: _____

Date Ordered: _____

Date Received: _____

Cost \$ _____

Death Certificate

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No. Ordered: _____

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Date Ordered: _____

Date Received: _____

Cost \$ _____

Is a proceeding to determine heirship required: _____

Was Decedent's spouse pregnant at the date of Decedent's death: _____

Were any children born to or adopted by the Decedent after the date of his Will: _____. If so list: _____

Name(s): _____

Address(s): _____

Phone Nos.: _____

List Decedent's Bank Account Numbers and Name(s) of Financial Institution(s): _____

Location of Safe Deposit Boxes: _____

Name of Institution: _____

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Address: _____

Phone No.: _____

Officer to Contact: _____

Box No.: _____

Name of Joint Holder: _____

Address: _____

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Phone no.: _____

Relationship to decedent: _____

Probate Court Proceedings:

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Court Booklet No.: _____

Probate Court No.: _____

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Name of Judge: _____

Court Coordinator: _____

Court Clerk: _____

Physical Address of Building: _____

Date Will filed for Probate: _____

Date for Hearing to Prove Up the Will: _____

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Date Executor appointed: _____

Date Oath Administered: _____

Bond Required, if so, amount \$ _____

Name of Bonding Company: _____

Address: _____

Phone No.: _____

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Fax No.: _____

Were appraisers appointed, if so:

Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

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[Note: the Probate Code no longer requires the appointment of appraisers]

Ancillary Administration Required

Name of Representative: _____

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Address: _____

Phone No.: _____

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Attorney Name: _____

Address: _____

Phone No.: _____

Fax No.: _____

Identity of parties who may disclaim benefits under the Will: _____. Note the disclaimer must be signed within 9 months of the date of death and filed with the probate court. See Texas Probate Code, sec. 37A. Also see and compare Estate of Hamill 866 S.W.2d 39.

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Date Inventory and Appraisement Due: _____

Date Filed: _____

Affidavit Regarding Distribution of Will Required: _____

Date Filed: _____

Income Tax Deadline:

Date: _____

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Party Responsible: _____

Estate Tax Deadline:

Date: _____ Party Responsible: _____

Complete value of property at date of death: \$ _____

Alternate value of property six months after date of death: \$ _____

Are Decedent or heirs entitled to:

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Social Security benefits? _____

Railroad retirement benefits? _____

Veterans Administration benefits? _____

Annuity or Pension benefits? _____

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List of outstanding matters that need to be closed/including, but not limited to, partnerships, businesses, claims, contests: _____

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Information & Instructions: Case template form

CASE TEMPLATE FORM

DATE
DUE

DATE
COMP

ITEM

Attorney Fee Agreement.

Obtain documents from client

Obtain information from Safe Deposit boxes, if necessary.

File Motion for Entry of Safe Deposit box if needed.

File Application to Probate Will.

Immediately after filing the Application to Probate the Will, send the Court the Citation and post the Citation for 10 days.

Post the Will for 10 days.

Set time for Court appearance to prove up Will.

5 days before the Hearing, prepare Proof of Death and other facts, Oath of Executor, Oath of No Debts Due, Proof by Subscribing Witnesses, Proof of Decedent's Handwriting and Signature.

5 days before the Hearing, prepare Order Admitting Will To Probate And Authorizing Issuance Letters Of Testamentary For Independent Administration.

5 days before the Hearing, prepare Order Admitting Will To Probate As Muniment Of Title. Prepare Affidavit of actions taken under the Will.

5 days before the Hearing, prepare Order and Bond.

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_____. At the Hearing, Order
Hearing Date _____
Letters Testamentary .
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At the Hearing, have the client execute his Oath.

20 days after the date of the Order granting Letters
all oaths and bonds must be filed with the Clerk of
the Court.

30 days after Executor's qualification, file
appropriate Subchapter S election on IRS FORM
2553. File Notice of Fiduciary Relationship on IRS
FORM 56.

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Within 30 days after receiving Letters of
Testamentary send notice to secured and unsecured
creditors and publish Notice in the Court
newspaper, include Affidavit for Publisher.

30 days after receiving Letters Testamentary, send
Notice to creditors unsecured.

30 days after Letters of Testamentary are granted,
publish Notice in the Court newspaper and
complete Affidavit for Publisher.

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60 days after the date of qualification is the last day
for funeral expenses and expenses of the last illness
to retain priority status.

Within 90 days of receiving Letters of Testamentary
file Inventory and Appraisement or List Of Claims.

90 days after the date the Will was probated, file the
Inventory And Appraisement, or Application for
Extension of Time).

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120 days after qualification, mail a letter registered,
return receipt requested, to each secured creditor of
the Estate. Proof of the notices to the secured and
unsecured creditors must be filed with the Court.

120 days after the date of qualification is the last
date for giving registered mail notice to secured
creditors.

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120 days-send notice to secured creditors.

5 days after mailing notice to creditors, file Proof of Return showing Creditors were notified.

180 days after the date of qualification is the last date for creditors to present a claim and to retain priority status.

180 days after the date of qualification is the earliest possible date for filing a final accounting.

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180 days after the date of death file a Disclaimer For Inheritance.

270 days after the date of death is the last date to file the Texas Inheritance Return and Federal Estate Tax return and pay taxes due.

270 days from date of death file Disclaimers- DEADLINE. (Texas Probate Code § 37a)

Complete tax returns.

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File Affidavit after posting with the Probate Court.

File Affidavit for Closing the Estate (Texas Probate Code Sec 151)

File Tax Returns within 270 days of date of death.

3 years and 270 days after the date of Decedent's death is the date on which the statute of limitations runs regarding a timely filed federal Estate tax return.

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