

ESTATE INVENTORY AND TAX QUESTIONNAIRE
FOR
THE ESTATE OF _____

General Information

I. Please list the following general information about Decedent:

A. What was Decedent's citizenship? _____ USA _____ Other

(Citizenship)

B. 1. Was Decedent born in Texas? Yes _____ No _____

2. If Decedent was not born in Texas, please state the year Decedent moved to Texas. _____

C. 1. What was Decedent's occupation at the time of death?

2. What was Decedent's business address:

D. If retired, what was Decedent's former occupation? _____

E. Please list the names and addresses of Decedent's physicians at the time of her death.

Name

Address

1.	_____	_____
2.	_____	_____
3.	_____	_____

F. 1. Was Decedent confined in a hospital during her last illness?
Yes _____ No _____

2. If so, please list the name of the hospital:

G. 1. Does Decedent have a safe deposit box either alone or jointly with another?
Yes _____ No _____

2. If so, please state the name of the Bank where the box is located:

3. Attach a list of the contents of the safe deposit box.

H. Was Decedent a veteran? Yes _____ No _____

I. 1. Decedent's Marital Status at date of death:
_____ Married _____ Single _____ Legally Separated
_____ Widow or Widower _____ Divorced

2. If Decedent was a widow, widower or divorced, please list:

(a) Name of former spouse: _____

(b) Approximate date of termination of prior marriage:

J. Decedent's children:

1. Total number children ever born to or adopted by Decedent:

2. Number of children now surviving Decedent: _____

K. 1. Did Decedent have an accountant or bookkeeper assist with the preparation of Decedent's Federal Income Tax Returns?

Yes _____ No _____

2. If so, please give us such person's name, address and telephone number:

Name: _____

Address: _____

Phone: _____

L. 1. Did Decedent own any interest in a business, joint venture or partnership?

Yes _____ No _____

2. If so, please describe: _____

M. Decedent's Social Security Number: _____

II. Please list the following general information about yourself:

A. Your name and address: _____

B. Home Telephone Number: _____

Business Telephone Number: _____

C. Business Address: _____

D. Your Social Security Number: _____

III. Please list Decedent's property below and on the following pages. Note that Decedent's property includes everything owned by Decedent, either alone or jointly with another, at death:

A. REAL ESTATE

If Decedent owned any real estate, please list all of the real estate as follows (list any additional real estate on the back of this page).

	Property A	Property B
1. Location	_____	_____
	_____	_____
	_____	_____
2. Date Acquired	_____	_____
3. How Acquired (Purchase, inheritance or gift)	_____	_____
4. If purchased, state the original cost	\$ _____	\$ _____
5. (a) Have substantial improvements been made since acquired by Decedent?	_____ Yes _____ No	_____ Yes _____ No
(b) If so, describe	_____	_____
	_____	_____
(c) Approximate cost of improvements	\$ _____	\$ _____

B. MINERAL AND ROYALTY INTERESTS

Did Decedent own any mineral or royalty interests in oil, gas, coal or other minerals?
_____ Yes _____ No

If so, please list the following information:

	<u>Property A</u>	<u>Property B</u>	<u>Property C</u>
1. Description	_____	_____	_____
	_____	_____	_____
2. Date Acquired	_____	_____	_____
3. How acquired: Purchase, Inheritance, or Gift	_____	_____	_____
4. If purchased, Decedent's cost	_____	_____	_____
5. Was the property producing income on date of Decedent's death	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
6. If so, list total income from the property in year preceding Decedent's death	_____	_____	_____

C. STOCKS AND BONDS

If Decedent owned any stocks or bonds at death, please list the information below:

	<u>Description (Name of Stock or Bond)</u>	<u>Number of Shares</u>	<u>Name(s) in which Certificate is held</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Please state the name and telephone number of Decedent's stock broker:

Firm: _____

D. CASH, BANK ACCOUNTS, AND PROMISSORY NOTES

Please list the information below:

1. Bank Accounts

	<u>Name of Bank</u>	<u>Type of Account</u>	<u> Holders</u>	<u>Balance</u>	<u>Date of Death</u>
a.	_____	_____	_____	\$ _____	_____
b.	_____	_____	_____	\$ _____	_____
c.	_____	_____	_____	\$ _____	_____
d.	_____	_____	_____	\$ _____	_____
e.	_____	_____	_____	\$ _____	_____
f.	_____	_____	_____	\$ _____	_____
g.	_____	_____	_____	\$ _____	_____
h.	_____	_____	_____	\$ _____	_____
i.	_____	_____	_____	\$ _____	_____
j.	_____	_____	_____	\$ _____	_____

2. Certificates of Deposit:

	<u>Name of Bank</u>	<u>Date Acquired</u>	<u>Due Date</u>	<u>Interest Rate</u>	<u>Names in which CD is held</u>	<u>Amount Date of Death</u>
a.	_____	_____	_____	_____	_____	\$ _____
b.	_____	_____	_____	_____	_____	\$ _____
c.	_____	_____	_____	_____	_____	\$ _____
d.	_____	_____	_____	_____	_____	\$ _____

3. Cash on Hand:

List any other cash Decedent may have had on hand on the date of death.

	<u>Location</u>	<u>Amount - Date of Death</u>
a.	_____	\$ _____
b.	_____	\$ _____

4. Promissory Notes:

Did Decedent own or hold any promissory note at the time of death? _____ Yes _____ No
If so, please describe:

	<u>Name of Potential Debtor</u>	<u>Date of Note</u>	<u>Interest Rate</u>	<u>Amount now Remaining Due</u>
a.	_____	_____	_____ %	\$ _____
b.	_____	_____	_____ %	\$ _____
c.	_____	_____	_____ %	\$ _____

E. LIFE INSURANCE

Please list the following if there was any life insurance on Decedent's life:

	<u>Name of Insurance Company</u>	<u>Policy No.</u>	<u>Date Policy Acquired</u>	<u>Beneficiary</u>	<u>Amount</u>
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____
5.	_____	_____	_____	_____	\$ _____
6.	_____	_____	_____	_____	\$ _____
7.	_____	_____	_____	_____	\$ _____
8.	_____	_____	_____	_____	\$ _____
9.	_____	_____	_____	_____	\$ _____
10.	_____	_____	_____	_____	\$ _____

F. OTHER MISCELLANEOUS PROPERTY

Please list ALL other property owned by Decedent or in which Decedent had an interest.

	<u>Description</u>	<u>Approximate value on date of death</u>
1.	Automobiles:	
a.	_____	\$ _____
	(Year) (Make) (Model)	
b.	_____	\$ _____
	(Year) (Make) (Model)	
c.	_____	\$ _____
	(Year) (Make) (Model)	
2.	Household Furnishings (other than antiques) \$ _____	
3.	Antiques and other articles of intrinsic value (coin or stamp collections, guns, etc.)	
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
4.	Accounts receivable not otherwise listed under Section D.4 (money owed Decedent on date of death)	
a.	_____	\$ _____
	(Debtor's Name)	
b.	_____	\$ _____
	(Debtor's Name)	
c.	_____	\$ _____
	(Debtor's Name)	
5.	Uncashed check held by Decedent on date of death	
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
6.	Any business interest, partnership or joint venture	
a.	_____	\$ _____
b.	_____	\$ _____
7.	Any other property owned by Decedent	
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____
g.	_____	\$ _____
h.	_____	\$ _____
i.	_____	\$ _____
j.	_____	\$ _____

G. RETIREMENT BENEFITS

- 1. Was Decedent a participant in any pension or profit sharing plan?
_____ Yes _____ No
- 2. (a) Is anyone receiving a monthly pension from Decedent’s employer following Decedent’s death? _____ Yes _____ No
(b) If so, name of recipient _____
monthly amount \$ _____

H. ANNUITIES

- 1. Was Decedent receiving an annuity at death? _____ Yes _____ No
- 2. If so, did the annuity continue to pay any benefit to a designated beneficiary after Decedent’s death? _____ Yes _____ No

I. DEBTS

Please list all of Decedent’s alleged debts. Such debts should include all charge accounts, household utilities, city and state taxes on any real estate, car notes, boat loans, and any other indebtedness of Decedent.

	<u>Description</u>	<u>Loan Collateral, if any</u>	<u>Amount Due</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____
11.	_____	_____	\$ _____
12.	_____	_____	\$ _____
13.	_____	_____	\$ _____
14.	_____	_____	\$ _____
15.	_____	_____	\$ _____
16.	_____	_____	\$ _____
17.	_____	_____	\$ _____
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____

Is there any credit life insurance on any of the above debts? _____ Yes _____ No
 If so, please list the item numbers of all debts covered by credit life: _____

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Miscellaneous

- IV. If you have not already done so, please send us the following documents:
- A. Decedent's Death Certificate.
 - B. All life insurance policies (i) insuring Decedent's life, and (ii) owned by Decedent at death.
 - C. List of contents of safe deposit box.
 - D. Deeds to any real estate, and related loan documents, and a copy of the title policy and any closing statement relating to Decedent's purchase of the property.
 - E. Decedent's Federal Income Tax Returns for the current year (if it has been prepared), and for the last 3 years.
 - F. Certificates of Title to any automobiles, mobile homes, tractors, trailers, or boats.
 - G. Financial statements and tax returns for any business, joint venture or partnership for the current year, if any, and for the last 5 years.
 - H. Copy of Decedent's Will.
 - I. Copies of statements of account for each of Decedent's bank accounts covering the date of death.
 - J. Copies of statements of account for each of Decedent's brokerage accounts covering the date of death.
 - K. Copies of statements of account for all of Decedent's Debts, mortgages (copy of amortization schedule) and charge accounts covering the date of death.