

Pyke & Associates

A Professional Corporation of Attorneys

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Heirship Questionnaire

INFORMATION ON PERSON RETAINING OUR FIRM

Legal Name: _____ Nickname? _____
Any other previous names: _____
Relationship to Decedent: _____
Street Address: _____
City _____ State _____ Zip _____
Contact Information: Work: () _____
Home: () _____
Mobile: () _____
Fax: () _____
E-MAIL: _____
Alternate E-mail: _____

INFORMATION ON DECEDENT

LEGAL NAME OF DECEDENT _____
Any other names known by (a.k.a) _____

Provide copy of **Death Certificate** if available.

If not, provide the following information * about the decedent:

*Address of Residence of Decedent _____

*City _____, State _____ County _____ Zip _____

*Date of Birth _____ or age at time of death _____

*Date of Death _____ *Gender: _____

*Place where death occurred : _____

Address: _____

County: _____

MARITAL HISTORY OF DECEDENT - please complete

Was Decedent married at the date of death? **YES / NO**

IF YES:

Spouse's Name: _____

Spouse's Address: _____

Date or year of marriage _____

IF NO, but had a spouse who is deceased:

Name of most recent Spouse: _____

Date of death _____ How long married? _____

Name of any other deceased spouses: _____

IF NO, and never married, circle "Never Married".

IF NO, but was divorced:

Prior Spouse's Name _____

Date of Official Termination _____

County, State of Divorce Decree _____

Prior Spouse's Name _____

Date of Official Termination _____

County, State of Divorce Decree _____

List any others (same information as above)

CHILDREN (including any pre-deceased or adopted children)

Full Name	✓	Address <i>required</i>	Date of Birth	(Date of Death)	Name of Other Parent

** Please ✓check if adopted, and provide copy of adoption papers

OTHER HEIRS - (REQUIRED)

Full Legal Name	Address - <u>REQUIRED</u>	Date of Birth	Relation to Decedent

DECEDENT'S PROPERTY (use additional sheets of paper if necessary)

Real Property:

A. Homestead Address: _____

County: _____

Approximate Value: \$ _____

B. Other Property Address: _____

County: _____
Approximate Value: \$ _____

Bank Accounts:

- A. Name of Bank: _____
Address of Bank: _____
Savings or Checking: _____
Account Numbers: _____
Balance of the Date of Decedent's Death: \$ _____
- B. Name of Bank: _____
Address of Bank: _____
Savings or Checking: _____
Account Numbers: _____
Balance of the Date of Decedent's Death: \$ _____

Investments:

- A. Type of Investment: _____
Name of Company/Firm: _____
Address (on statements): _____
Account Number: _____
Amount of the Date of Decedent's Death: \$ _____
- B. Type of Investment: _____
Name of Company/Firm: _____
Account Number: _____
Address (on statements): _____
Amount of the Date of Decedent's Death: \$ _____

Automobiles:

Make and Model	Year	Approx Mileage- Please provide if possible	Condition: Fair, Good, Excellent	Extras: Leather, sunroof, upgrades, etc.	VIN Number (required)

Other Property of Significant Value: (Jewelry, collections, antiques, etc.)

TWO DISINTERESTED* WITNESSES - (Attendance at hearing required)

** These persons cannot be in line to receive inheritance. They cannot be a spouse of a beneficiary.*

These persons need to have been close enough to the Decedent to have knowledge of the Decedent's marital history and who the children born to or adopted by are because they will swear to those facts in court. We will prepare an affidavit for them. These persons can be age 18 or over.

Please contact these persons and ask them if they would be willing to attend the hearing. Please also let them know that our office will call them to go over the heirship facts and determine if they are eligible to be a witness.

Legal Name	Address and e-mail	Daytime phone Number(s)	Relation to Decedent	How long known to Decedent	Willing to attend hearing?
1.					
2.					

Any other possible witnesses you would like to list:

Please call Ginny Journey, Legal Assistant, at 972.866.0133
or email at gjourney@dallastrial.com
if you need assistance completing this form. Thank you!