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Heirship Questionnaire

NAME OF DECEDENT _____

Provide copy of **Death Certificate** if available.
If not, provide the following information about the decedent:

Address of Residence of Decedent _____

City _____, Texas _____ County, Zip _____

Date of Birth _____ or age at time of death _____

Date of Death _____ Gender: _____

Place where death occurred : _____

Address: _____

County: _____

MARITAL HISTORY

Marital status at time of death? _____

Spouse's Name/Address _____

If 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 Name	Address - <u>REQUIRED</u>	Date of Birth	Notes

DECEDENT'S PROPERTY

Real Property

Homestead Address: _____

County: _____

Approximate Value: \$ _____

Other Property Address: _____

County: _____

Approximate Value: \$ _____

Bank Accounts

Name of Bank: _____

Address of Bank: _____

Balance of the Date of Decedent's Death: \$ _____

Name of Bank: _____

Address of Bank: _____

Balance of the Date of Decedent's Death: \$ _____

Investments

Type of Investment: _____

Name of Company/Firm: _____

Address: _____

Amount of Date of Decedent's Death: \$ _____

Automobiles

Make/Model	Year	Approx Mileage- Please provide if possible	Condition: Fair, Good, Excellent	VIN# (or license plate)

OTHER PROPERTY OF SIGNIFICANT VALUE:

TWO DISINTERESTED WITNESSES FOR HEARING

Name	Address	Telephone Number