

# Pyke & Associates

A Professional Corporation of Attorneys

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Mail To: Pyke & Associates, P.C.  
12655 North Central Expressway, Suite 700  
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From: \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Work: (\_\_\_\_) \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**Are you the person named as Executor or Executrix in the Will?** \_\_\_\_\_

If not, provide the following information for the Executor or Executrix:

Exeuctor/Exucutrix \_\_\_\_\_  
Relationship to Decedent: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Work: (\_\_\_\_) \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**INFORMATION ABOUT THE DECEDENT:**

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Residential address at time of death: Street address \_\_\_\_\_

City: \_\_\_\_\_, TEXAS

{Decedent must have been living in Dallas County to probate will in Dallas County -- This law firm will probate wills in neighboring counties, but the fee will be different}

Age at death: \_\_\_\_\_

Married? Spouse's name: \_\_\_\_\_

Ever divorced? If so, prior spouse(s)' name(s): \_\_\_\_\_

Decedent's Children's names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated net value of estate:\$ \_\_\_\_\_

Note: Value of estate will determined more precisely later when an inventory is prepared and filed with the Court. This estimate can be a "ballpark". The value of property owned jointly with a spouse (community property) should be divided in half in reaching this estimate. Also, deduct any debts owed including debt on homes, cars, etc. in reaching this value.

You are hereby requesting that Pyke & Associates provide the services to the estate to probate the will and obtain appointment of an executor for a flat fee. You are responsible for all costs of court. Additional services, including any disputed application, creditor claims, or other litigation, will be contracted separately and billed at our normal hourly rates if you agree for us to provide such services.

Agreed:

Signed: \_\_\_\_\_