

# CHRIS PARVIN, J.D., LL.M.

*Board Certified, Estate Planning & Probate Law*

## PARVIN LAW GROUP, P.C.

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### **ESTATE PROBATE/ADMINISTRATION QUESTIONNAIRE**

Instructions: Thank you for entrusting your important legal matter to our care. This form will assist us in obtaining the information necessary to apply for the probate or administration of the Decedent's estate. Please provide as much information as possible. If you are unsure of any information which you are providing, please so note on the form so that we may further discuss with you. If you have any questions in completing this form, please do not hesitate to contact our office.

Upon completion, please return this form along with any requested additional documents to us. You may return this form via e-mail ([intake@parvinlaw.com](mailto:intake@parvinlaw.com) or [tiffany@parvinlaw.com](mailto:tiffany@parvinlaw.com)) or facsimile (469-607-4503).

We look forward to serving you.

#### **Client's Information**

**FULL NAME OF CLIENT:**

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**CURRENT MAILING ADDRESS (INCLUDE COUNTY):**

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**PHONE NUMBER:** \_\_\_\_\_

**CLIENT'S DATE OF BIRTH:** \_\_\_\_\_

CLIENT'S DRIVERS LICENSE NUMBER: \_\_\_\_\_

CLIENT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGE OF PERSON APPLYING FOR LETTERS: \_\_\_\_\_

CLIENT'S RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**Decedent's Information**

FULL NAME OF DECEDENT (INCLUDE MAIDEN NAME):

\_\_\_\_\_

RESIDENCE OF DECEDENT AT TIME OF DEATH (INCLUDE COUNTY):

\_\_\_\_\_

\_\_\_\_\_

DECEDENT'S DATE OF BIRTH: \_\_\_\_\_

AGE OF DECEDENT AT TIME OF DEATH: \_\_\_\_\_

TIME, PLACE, AND MANNER OF DEATH (CAUSE):

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

Time of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

\_\_\_\_\_

Cause/Manner of Death: \_\_\_\_\_

DECEDENTS SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DECEDENTS DL or ID: \_\_\_\_\_

WAS DECEDENT A VETERAN?

Yes \_\_\_\_\_

No \_\_\_\_\_

**WAS DECEDENT EMPLOYED AT THE TIME OF DEATH? If so,**

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

**PLEASE STATE THE APPROXIMATE GROSS VALUE OF DECEDENT'S ESTATE AT THE TIME OF DEATH (\*in calculating the *gross value* of Decedent's estate, please provide an approximate net worth including any interests which Decedent owned in real property, personal property, business interests, vehicles, property willed to Decedent outright or in trust, and life insurance which named Decedent's estate as beneficiary).**

Gross Value: \_\_\_\_\_

**DID DECEDENT HAVE A *LAST WILL & TESTAMENT*?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

**IF DECEDENT HAD A WRITTEN WILL, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Date of Will: \_\_\_\_\_

Do you have the original will?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the Will ever modified by Codicil?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the Will ever revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

Were any Wills executed by Decedent *after* this Will?

Yes \_\_\_\_\_ No \_\_\_\_\_

Were any children born to or adopted by Decedent *after* this Will was executed?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is any state, governmental agency, or charitable organization named as a devisee in the Will?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the name and current address of the proposed Executor:

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Has the proposed executor ever been convicted of a felony criminal offense, declared mentally incompetent or otherwise of notoriously bad character?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the names and current addresses of the subscribing witnesses to the Will:

WITNESS 1: \_\_\_\_\_

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WITNESS 2: \_\_\_\_\_

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**IF DECEDENT DID NOT HAVE A WRITTEN WILL, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Please provide the name, address, phone number, and email address of at least two (2) disinterested witnesses:

**WITNESS 1:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

HOW LONG HAVE THEY KNOWN DECEDENT: \_\_\_\_\_

**WITNESS 2:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

HOW LONG HAVE THEY KNOWN DECEDENT: \_\_\_\_\_

**WAS DECEDENT CURRENTLY MARRIED OR PREVIOUSLY MARRIED? IF SO, FOR EACH MARRIAGE PLEASE STATE:**

NAME OF SPOUSE: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

COUNTY OF MARRIAGE: \_\_\_\_\_

DATE OF DIVORCE (if applicable): \_\_\_\_\_

COUNTY OF DIVORCE (if applicable): \_\_\_\_\_

*(additional space is available at the end of this form)*

**DOES DECEDENT HAVE ANY CHILDREN? IF SO, FOR EACH CHILD PLEASE STATE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NATURAL OR ADOPTED: \_\_\_\_\_

*(additional space is available at the end of this form)*

**WAS DECEDENT A PARTY TO ANY CURRENT BUSINESS AGREEMENT SUCH AS:**

- PARTNERSHIP OR JOINT VENTURE AGREEMENT
- BUY/SELL AGREEMENT
- EMPLOYMENT CONTRACT
- PENSION PLAN
- PROFIT-SHARING PLAN
- STOCK PURCHASE AGREEMENT
- STOCK OPTION AGREEMENT
- FRANCHISE AGREEMENT

Yes \_\_\_\_\_ No \_\_\_\_\_

**WAS DECEDENT A PARTY TO ANY SURVIVORSHIP OR COMMUNITY PROPERTY AGREEMENTS?**

Yes \_\_\_\_\_ No \_\_\_\_\_

### ***Important Documents and Information***

*Please note:* Texas law requires the personal representative of an estate to provide certain time-sensitive notices to beneficiaries of the estate and creditors. Please provide the following documents and/or information to our offices at your earliest convenience so that we may prepare such notices on your behalf:

<ul style="list-style-type: none"> <li>• Decedent's Death Certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Decedent's Obituary Notice</li> </ul>
<ul style="list-style-type: none"> <li>• Any trust documents or wills created by or benefitting Decedent</li> </ul>	<ul style="list-style-type: none"> <li>• A list of all <i>secured creditors</i> (e.g., mortgage lender, car note lender, etc.). Include each creditor's name, mailing address, account number, amount claimed as owed by creditor and description of property securing such loan.</li> </ul>
<ul style="list-style-type: none"> <li>• A list of all <i>unsecured creditors</i> (e.g., credit cards or unsecured lines of credit). Include each creditor's name, mailing address, account number and amount claimed as owed by creditor.</li> </ul>	<ul style="list-style-type: none"> <li>• A list of the names and current mailing addresses of all persons or entities named as beneficiaries of any will executed by Decedent.</li> </ul>