

Requested Documents and Necessary Information for Probate

Full Name of Decedent (D) _____

Date of Death _____

To file the appropriate and accurate documents for the estate I need information. You are likely the best source for the information or you will know where to locate the information.

Please obtain as many of the following described items and as much of this requested information as possible. If an item definitely applies to this estate and you have obtained all documents and/or have furnished all information requested, so indicate by a check mark. **Do not be surprised if you cannot complete all items.**

Please let us collect all life insurance benefits, since it is mandatory for us to obtain certain information directly from the companies. It also will make our job easier if you will not transfer any assets or pay any of decedent's bills before our first appointment.

Please assemble the items in the order below, fill in the answers to the questions, and bring this list and the assembled materials to my office. When you have as much as you can furnish, please call my secretary to make an appointment.

Documents and Items to locate and bring with you:

Please assemble the items in the following order. Decedent is "D."

Note: To obtain Social Security, Medicare, railroad retirement, and veterans benefits, you may need to locate and furnish D's birth certificate, marriage license, adoption and divorce documents, and military discharge certificate.

Note: In the event of an audit of D's death tax returns, it will be necessary to have D's check registers, bank statements, canceled checks, savings account records, and brokerage records for the three years before and two months following D's death.

CHECK WHEN COMPLETED

- _____ 1. All signed copies of D's **wills and codicils** and memoranda concerning disposition of personal property; copies of all trusts created by or for the benefit of D or D's spouse; current financial statement for each of those trusts and a list of all beneficiaries with their birth dates; D's death certificate (one for each policy of insurance on D's life, plus one additional for our file); copy of D's obituary notice and any newspaper articles if D's death was not from natural causes; documents relating to travel clubs, automobile associations, and other organizations if D's death was accidental; copies of will and codicils of D's spouse.

- _____ 2. If D served in military, bring certificate of discharge or separation and other documents relating to military benefits.

- _____ 3. Deeds and contracts for deeds to all **real estate**, including time shares, owned or being purchased by D or D's spouse (including oil, gas, and other mineral interests) and, if owned with others, the names and addresses of all co-owners. If purchased within five years of D's death, a copy of the closing statement. If the property was leased, bring copies of all leases. If survey plats, street addresses of the properties, copies of all appraisals made within five years of D's death, property tax receipts for most current year, and title policies are available, bring them, too. Also, please bring any documents where D created any easements, disposed of portions of the original property, or was involved in any condemnation proceedings. If real estate was not paid for, bring loan number, payment book and/or loan amortization schedule, and address of mortgage company or other note holder and copies of notes, mortgages, and other documents. If loan(s) paid off, bring release of lien. Bring listing agreements and contracts for the purchase or sale of real estate by D or D's spouse pending at the date of D's death.

- _____ 4. Original debentures and bonds, including government bonds and **stock certificates** owned or registered in the name of D or D's spouse or in combination with others and information regarding phantom stock, stock appreciation rights, and stock options. If securities are held for safekeeping or in an account by a broker or a custodian, please furnish most recent statement and name and address of firm where held. Information regarding phantom stock, stock appreciation rights, and stock options. If D or D's spouse owned stock in a closely held corporation, please furnish income tax returns, balance sheets, and profit-and-loss statements for the five most recent years. In all instances, please provide copies of all restrictions on transfer of these securities. (8.0; 9.0; 10.0)

- _____ 5. Partnership, "buy-sell," employment, noncompete, franchise, stock purchase, stock option, and other agreements signed by either D or D's spouse. If D or D's spouse owned an interest in a partnership, please furnish income tax returns, Schedule K-1 for IRS Form 1065 for each partnership, balance sheets, and profit-and-loss statements for the five most recent years.

- _____ 6. **Statements, checks, and deposits** for month before, month of, and month following D's death and checkbooks for one year before D's death for each bank, savings and loan, or credit union checking or savings account of D or D's spouse; all passbooks and actual certificates of deposit; statements for agency accounts for the benefit of D or D's spouse; receipts for safekeeping of valuables; traveler's checks and checks payable to D or D's spouse uncashed at date of D's death—especially Social Security and VA checks; keys to safe deposit boxes; name of D's officer or other person to contact; copies of signature cards and all agreements signed by D that relate to any of the foregoing accounts and certificates of deposit.

- _____ 7. **All notes, accounts, and judgments payable to D or D's spouse**, loan amortization schedules, and the name and address of each debtor.

- _____ 8. All unpaid premium notices and all policies of insurance and all endorsements, including life, accident, burial, disability, homeowner's, automobile, personal property, fire and extended coverage, casualty, and medical and health insurance in which either D or D's spouse was an owner, beneficiary, or insured, either individually or in combination with others, including any policy on the life of another (such as spouse or children).

- _____ 9. **Royalty agreements, including oil and gas royalties, owned by or paid to D or D's spouse**. Bring as much additional information as you can locate, including leases, division orders, financial statements, check stubs for the twelve months before D's death, and statements from royalty payers.

- _____ 10. **Titles** to all automobiles, boats, airplanes, and other motor vehicles and mobile homes registered in the name of D or D's spouse and, if subject to a lien, a copy of the note, the loan number, payment book, and name and address of each lienholder.

- _____ 11. All documents relating to annuities and franchises. Copies of copyrights, patents and patent applications, trademarks, literary works, and musical compositions.

- _____ 12. Copies of D's personal financial statements for the last three years and copies of all notes payable by D or D's spouse; guaranty agreements signed by D or D's spouse.

- _____ 13. Copy of funeral bills, including cemetery lot, monuments, obituary notices, long-distance telephone charges, floral offerings, memorial services, visitation, and any other related expenses.

- _____ 14. Information concerning any estate from which D inherited any property in the last ten years and all documents (particularly the federal estate tax return and audit adjustments for that estate) related to the inheritance.

- _____ 15. Copies of last three **income tax returns** (federal, state, and city) filed by D or D's spouse; information regarding pending tax refunds and audits; copy of worksheet for current estimated income tax for D or D's spouse and evidence of payment of past installments; Schedule H for IRS Form 1040 for household help; and copies of *all* gift tax returns ever filed by D or D's spouse and complete details of all unreported gifts aggregating more than \$10,000 to any one person in a single year.

- _____ 16. Agreements between D and D's spouse, such as partition, premarital, and community survivorship agreements; copies of property settlement agreements and decrees of divorce or other legal dissolution relating to D's prior marriages.
- _____ 17. All documents relating to pensions and profit-sharing plans. Booklets and other information describing present and past employment benefits for D and D's spouse, including most recent account statements of D's individual accounts; all information relating to individual retirement accounts, HR-10 (Keogh) plans, 401(k) and similar plans for D or D's spouse; all information relating to Social Security benefits being received by or payable to D or D's spouse; all information relating to military, civil service, or railroad retirement benefits being received by or payable to D or D's spouse; all information relating to annuities being received by or payable to D or D's spouse; all information relating to deferred compensation, pensions, and profit-sharing plans of D or D's spouse.
- _____ 18. Powers of attorney given by D to anyone.
- _____ 19. Copies of pleadings filed in suits in which D or D's spouse was a party at the time of D's death.
- _____ 20. Published articles, photographs, or descriptions of home furnishings, art work, collections, or other items shown in newspapers, magazines, and other publications.
- _____ 21. If D was killed while on a common carrier, locate receipt for ticket charged to a credit card and provide full details regarding card issuer, its address, and its phone number.
- _____ 22. Statements from airlines, hotels, and other entities that offer "miles" or other incentives.
- _____ 23. Copies of judgments and tax liens filed against D or D's spouse.

Information to be completed:

CHECK WHEN COMPLETED:

_____ 24. Date and place of D's birth _____

D's residence address at time of death _____

Decedent: _____

Approximate date on which D became a Texas resident _____

If D and D's surviving spouse had not resided in Texas during the entirety of their marriage, list all places of residence and approximate dates _____

D's citizenship if not U.S. _____

D's Social Security number _____

D's Texas Driver's License Number: _____

D's Medicare number _____

D's military identification number _____

D's VA identification number _____

Dates and branch of D's military service _____

D's occupation at date of death and the name, address, and phone number of employer and of person to contact concerning benefits _____

If D was self-employed, list D's trade name and business address and the employer identification number of D's business _____

If D was retired, give D's former occupation, employer, and nature of business ____

_____ 25. Club, fraternal, and lodge memberships of D or D's spouse _____

_____ 26. Names, addresses, and phone numbers of the witnesses to D's most recent will and all codicils _____

Name, address, phone number, **driver's license number and SSN of each executor, trustee, and guardian** (including alternates) named in D's will _____

- _____ 27. If D was not survived by either spouse or children, or if D's will provides benefits to institutions or to persons other than the surviving spouse and children, please furnish name, address, phone number, date of birth, Social Security number, marital status and name of that person's spouse, and relationship to D for each of those institutions or persons and also for D's surviving parents _____

- _____ 28. Date and place of marriage to and name, address, phone number, date of birth, Social Security number, and citizenship of **D's surviving spouse** _____

Same information with respect to all **D's prior spouses**, especially dates and places of those marriages and of termination of prior marriages and whether terminated by death, divorce, or other legal dissolution _____

- _____ 29. Name, address, phone number, date and place of birth, Social Security number, marital status, and name of spouse of **all children** ever born to or adopted by D, whether presently living or not, and identification of the other parent. If D was not survived by either a spouse or children, check here _____

- _____ 30. Name and address of each bank at which D maintained or had access to or kept items in a **safe deposit box**, the box number(s), and the name, address, and relationship of all other persons having access to those boxes _____

- _____ 31. Name, address, and phone number of D's personal secretaries, attorneys, accountants, tax return preparers, stockbrokers, life insurance agents, casualty insurance agents, health and accident insurance agents, bankers, and other professional advisors _____

- _____ 32. Description of any improvements to or crops growing on real estate _____

- _____ 33. Style of account, account number, and name and location of bank, savings association, and credit union for each checking or savings account or certificate of deposit in the name of D or D's spouse or on which D could sign, and name of officer, if known _____

- _____ 34. Detailed description of all motor vehicles, including make, model, year, body type, mileage, major equipment, and accessories _____

- _____ 35. General description of all other property owned by D or D's spouse, including club memberships, livestock, farm products, leasehold interests, jewelry, household goods, and personal effects. With respect to furs, precious metals, wine and liquor collections, pets, jewelry, household goods and personal effects, guns, and other sporting equipment, itemize only those items of considerable value (\$1,000 or more) and for collections, only those valued at \$10,000 or more. Bring as much additional information as you can locate, including insurance policies and financial statements, related to these items _____

_____ 36. List outstanding accounts, charge or credit card purchases (including account numbers) made but not yet billed, and other debts and charitable pledges owed by D or D's spouse on the date of D's death and names, addresses, and phone numbers of those creditors _____

_____ 37. Name, address, and phone number of funeral home _____

_____ 38. List of expenses of last illness (unpaid at D's death), including names of payees and amounts paid for physicians, nurses, hospitals, drugs, sick-room equipment, etc. _____

_____ 39. If there is insurance on life of D that is payable to D's company, partners, fellow stockholders, or employees, give their names, addresses, and telephone numbers and furnish complete details _____

You have done your best. Bring what can locate to our first appointment. There will be time to complete this list later. Thank you for your efforts gathering documents and entering the requested information.

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