

## ESTATE INVENTORY & TAX QUESTIONNAIRE

### I. Please list the following general information about Decedent:

DECEDENT'S FULL NAME: \_\_\_\_\_

DECEDENT'S ADDRESS: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

A. What was Decedent's citizenship? \_\_\_\_\_ USA \_\_\_\_\_ Other

\_\_\_\_\_  
(Citizenship)

B. What was Decedent's Date of Birth: \_\_\_\_\_

C. 1. Was Decedent born in Texas? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If Decedent was not born in Texas, please state the year moved to Texas. \_\_\_\_\_

D. 1. What was Decedent's occupation at the time of her death?

2. What was Decedent's business address?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. If retired, what was Decedent's former occupation?

\_\_\_\_\_

F. Please list the names and addresses of Decedent's physicians at the time of her death.

NAME

ADDRESS

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

G. 1. Was Decedent confined in a hospital during her last illness?

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

2. If so, please list the name of the hospital:

\_\_\_\_\_

H. 1. Does Decedent have a safe deposit box either alone or jointly with another? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. If so, please state the name of the Bank where the box is located:

3. Attach a list of the contents of the safe deposit box.

I. Was Decedent a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

- J. 1. Marital Status at date of death:  
\_\_\_\_\_ Married \_\_\_\_\_ Unmarried
2. If Decedent was a widow, widower or divorced, please list:
- (a) Name of former spouse(s):  
1. \_\_\_\_\_  
2. \_\_\_\_\_
- (b) Date of prior marriage:  
1. \_\_\_\_\_  
2. \_\_\_\_\_
- (c) Approximate date of termination of prior marriage:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

K. **Decedent's children:**

1. Total number of children ever born to or adopted by Decedent: \_\_\_\_
2. For each child, please provide the following:

a. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Legal guardian (include name, address and telephone number):  
\_\_\_\_\_  
\_\_\_\_\_

b. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Legal guardian (include name, address and telephone number):  
\_\_\_\_\_  
\_\_\_\_\_

c. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Legal guardian (include name, address and telephone number):  
\_\_\_\_\_  
\_\_\_\_\_

d. Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Legal guardian (include name, address and telephone number):  
\_\_\_\_\_  
\_\_\_\_\_

- L. 1. Did Decedent have an accountant or bookkeeper assist with the preparation of Decedent's Federal Income Tax Returns?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. If so, please give us such person's name, address and telephone number:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
- M. 1. Did Decedent own any interest in a business, joint venture or partnership? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- N. Decedent's Social Security Number:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- O. Decedent's Driver License Number / STATE Issuing License:  
\_\_\_\_\_ / \_\_\_\_\_

**II. Please list the following general information about yourself:**

- A. Your full name: \_\_\_\_\_
- B. Your home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Home Telephone Number: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_
- D. Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- F. Your Driver's License Number: \_\_\_\_\_
- G. Your Date of Birth: \_\_\_\_\_

**II. IF THE ORIGINAL WILL CANNOT BE LOCATED or NO WILL:**

Please provide the name, address, telephone number of either of the two witnesses on the Will; OR, the Name, address, telephone number of two (2) disinterested witnesses who will be able to testify to the Decedent's family

history. The witnesses may not be entitled to inherit any property from the decedent. The witnesses must also appear before the Judge to offer their testimony.

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Knew the decedent from \_\_\_\_\_ to \_\_\_\_\_

B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Knew the decedent from \_\_\_\_\_ to \_\_\_\_\_.

**IV. Please list Decedent's property below and on the following pages. Note that Decedent's property includes everything owned by Decedent alone or jointly with another, at death.**

**A. REAL ESTATE**

If Decedent owns any real estate, please list all of the real estate as follows (list any additional real estate on separate pages).

- |  | PROPERTY A                        | PROPERTY B              |
|--|-----------------------------------|-------------------------|
| 1. Location:   | _____<br>_____<br>_____           | _____<br>_____<br>_____ |
| 2. Date Acquired:  | _____                             |                         |
| 3. How Acquired? (Purchase, Inheritance or Gift?)                          | _____<br>_____                    |                         |
| 4. If purchased, state the original cost:                                  | \$ _____                          |                         |
| 5. (a) Have substantial improvements been made since acquired by Decedent? | _____Yes _____No _____Yes _____No |                         |
| (b) If so, describe:   | _____<br>_____                    |                         |
| (c) Approximate cost of improvements                                       | _____                             |                         |

\$ \_\_\_\_\_

**NOTE:** If more space is needed to describe property, please attach a separate piece of paper to this questionnaire.

**B. MINERAL AND ROYALTY INTERESTS**

Did Decedent own any mineral or royalty interests in oil, gas, coal or other minerals? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please list the following information:

- |   | PROPERTY A         | PROPERTY B         | PROPERTY C         |
|---|--------------------|--------------------|--------------------|
| 1. Description:   | _____              | _____              | _____              |
| 2. Date Acquired:   | _____              | _____              | _____              |
| 3. How Acquired? (Purchase, Inheritance, or Gift?)  | _____              | _____              | _____              |
| 4. If purchased, Decedent's cost?   | _____              | _____              | _____              |
| 5. Was the property producing income on the date of Decedent's death?:<br>_____ Yes _____ No                        | _____ Yes _____ No | _____ Yes _____ No | _____ Yes _____ No |
| 6. If so, list total income from the property in the year preceding Decedent's death:<br>\$ _____ \$ _____ \$ _____ |                    |                    |                    |

**C. STOCKS AND BONDS**

If Decedent owned any stocks or bonds at death, please list the information below:

- |    | Description<br>(Name of Stock or Bond) | Number of<br>Shares | Name(s) in which<br>Certificate is held |
|----|--|---------------------|---|
| 1. | _____                                  | _____               | _____                                   |
| 2. | _____                                  | _____               | _____                                   |
| 3. | _____                                  | _____               | _____                                   |
| 4. | _____                                  | _____               | _____                                   |
| 5. | _____                                  | _____               | _____                                   |

Please state the name and telephone number of Decedent's stock broker.

Firm: \_\_\_\_\_

**D. CASH, BANK ACCOUNTS, AND PROMISSORY NOTES**

Please list the information below:

1. **BANK ACCOUNTS**

Account Number/

Balance on

	Name of Bank	Type of Account	Holders	Date of Death
a.	_____	____/____	_____	\$ _____
b.	_____	____/____	_____	\$ _____
c.	_____	____/____	_____	\$ _____
d.	_____	____/____	_____	\$ _____
e.	_____	____/____	_____	\$ _____

## 2. CERTIFICATES OF DEPOSIT

	Name of Bank	Date Acquired	Due Date	Interest Rate	Names in which CD is held	Amount
a.	_____	_____	_____	_____	_____	\$ _____
b.	_____	_____	_____	_____	_____	\$ _____
c.	_____	_____	_____	_____	_____	\$ _____

## 3. CASH ON HAND

List any other cash Decedent may have had on hand or on her death.

	Location	Amount
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____

## 4. PROMISSORY NOTES

Did Decedent own or hold any promissory note at the time of death? \_\_\_Yes \_\_\_No

If so, please describe:

	Name of Potential Debtor	Debt of Note	Interest Rate	Amount now Remaining Due
a.	_____	_____	____%	\$ _____
b.	_____	_____	____%	\$ _____
c.	_____	_____	____%	\$ _____

## E. LIFE INSURANCE

Please list the following if there was any life insurance on Decedent's life:

	Name of Insurance Co.	Policy No.	Date Policy Acquired	Beneficiary	Amount
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____

## F. OTHER MISCELLANEOUS PROPERTY

Please list ALL other property owned by Decedent or in which he has an interest.

Description	Approximate Value On Date of Death
_____	_____

1. Automobiles:
  - a. \_\_\_\_\_ \$ \_\_\_\_\_  
                     (Year)            (Make)            (Model)
  - b. \_\_\_\_\_ \$ \_\_\_\_\_  
                     (Year)            (Make)            (Model)
2. Household Furnishings (other than antiques) \$ \_\_\_\_\_
3. Antiques and other articles of intrinsic value (coin or stamp collections, guns, etc.):
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
  - d. \_\_\_\_\_ \$ \_\_\_\_\_
4. Accounts Receivable (money owed to Decedent on date of death):
  - a. \_\_\_\_\_ \$ \_\_\_\_\_  
                     (Debtor's Name)
  - b. \_\_\_\_\_ \$ \_\_\_\_\_  
                     (Debtor's Name)
  - c. \_\_\_\_\_ \$ \_\_\_\_\_  
                     (Debtor's Name)
5. Uncashed checks held by Decedent on date of death:
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
6. Any business interest, partnership or joint venture:
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
7. Any other property owned by Decedent:
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
  - d. \_\_\_\_\_ \$ \_\_\_\_\_
  - e. \_\_\_\_\_ \$ \_\_\_\_\_

**G. RETIREMENT BENEFITS**

1. Was Decedent a participant in any pension or profit sharing plan?  
       \_\_\_\_ Yes    \_\_\_\_ No
2. (a) Is anyone receiving a monthly pension from Decedent employer following Decedent's death?  
       \_\_\_\_ Yes    \_\_\_\_ No  
       (b) If so, name of recipient: \_\_\_\_\_  
             Monthly amount: \$ \_\_\_\_\_

**H. ANNUITIES**

1. Was Decedent receiving an annuity at death?  
       \_\_\_\_ Yes    \_\_\_\_ No
2. If so, did the annuity continue to pay any benefit to a designated beneficiary after death? \_\_\_\_ Yes    \_\_\_\_ No

## I. DEBTS

Please list all of Decedent's alleged debts. Such debts should include all charge accounts, household utilities, city and state taxes on any real estate, car notes, boat loans, and any other indebtedness of Decedent.

	Description	Loan Collateral (If Any)	Amount Due
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

Is there any credit life insurance on any of the above debts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please list the item numbers of all debts covered by credit life: \_\_\_\_\_

## V. MISCELLANEOUS

Please attach the Following if Available:

- A. \_\_\_\_\_ Decedent's Death Certificate.
- B. \_\_\_\_\_ Decedent's original Will, Codicil and any Prior Wills or Codicils.
- C. \_\_\_\_\_ List of contents of safe deposit box.
- D. \_\_\_\_\_ Copy of Deeds to any real estate, and related loan documents, and a copy of the title policy and any closing statement relating to Decedent's purchase of the property.
- E. \_\_\_\_\_ Decedent's Federal Income Tax Return for the current year if prepared, otherwise for the last year.
- F. \_\_\_\_\_ Copy of Certificates of Title to any automobiles, mobile homes, tractors, trailers, or boats.
- G. \_\_\_\_\_ Financial statements and tax returns for any business, joint venture or partnership for the current year, if any, and for the last 5 years.
- H. \_\_\_\_\_ Copies of all life insurance policies (i) insuring Decedent's life, and (ii) owned by Decedent at her death.
- I. \_\_\_\_\_ Copies of statements of accounts for each of Decedent's Bank accounts at her date of death.
- J. \_\_\_\_\_ Copies of statements of account for each of Decedent's debts, mortgages (copy of amortization schedule) and charge accounts at her date of death.

- K. \_\_\_\_\_ Copies of statements of account for all of Decedent's  
brokerage accounts at her date of death.
- M. \_\_\_\_\_ Obituary
- O. \_\_\_\_\_ 709 Returns  
(for gifts over the annual federal gift exemption amount in the year  
the gift was made)
- P. \_\_\_\_\_ Copies of all annuities held by Decedent.