



**PROBATE/TRUST ADMINISTRATION  
INFORMATION  
FORM**

**CONFIDENTIAL**

---

10200 GROGAN'S MILL RD., SUITE 220 ♦ THE WOODLANDS, TX 77380  
(832) 246-8481 ♦ Email: [amy@meredith-law.com](mailto:amy@meredith-law.com)  
[WWW.MEREDITH-LAW.COM](http://WWW.MEREDITH-LAW.COM)

# ESTATE AND TRUST ADMINISTRATION DATA FORM

Also for use in preparation of the Federal Estate Tax Return (Form 706)

This form is intended to provide some guidelines for compilation of the assets of the decedent for purposes of determining whether there is

- 1) a need to probate a Will
- 2) a need to file an estate tax return and/or
- 3) what assets are available for the funding of the tax-wise trusts (if any)

Please feel free to attach copies of pertinent documents or additional pages to this document.

## PART I. Information required

### 1. Deceased:

a. Full legal name: \_\_\_\_\_  
Also known as? \_\_\_\_\_

b. Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_

c. Number of years at residence: \_\_\_\_\_

d. If decedent and decedent's spouse had not resided in Texas during the entirety of their marriage, list all places of residence and approximate dates (use additional pages if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Social Security Number of Decedent: \_\_\_\_\_

f. Social Security Number of Decedent's spouse: \_\_\_\_\_

g. Date and place of birth of decedent and his / her spouse or partner:  
i. Decedent: \_\_\_\_\_  
ii. Spouse/Partner: \_\_\_\_\_

h. Date and place of death of decedent: \_\_\_\_\_  
*(please provide a death certificate as soon as possible)*

i. Decedent's occupation at date of death and name, address and phone number of employer and person to contact concerning benefits. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- j. If decedent was self-employed, list decedent's trade, name, business address, and employer identification number of decedent's business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- k. If decedent was retired give decedent's occupation, employer and nature of business and phone # to contact concerning benefits \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- l. Is the decedent US citizen?  Yes  No If not, where is decedent a citizen? \_\_\_\_\_
- m. Year decedent established a domicile in Texas? \_\_\_\_\_
- n. Date and place of marriage to decedent's spouse: \_\_\_\_\_
- o. \_\_\_\_\_
- p. Date and place of marriage with respect to all decedent's prior spouses, include dates of termination of prior marriages and whether terminated by death or divorces (use additional pages if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- q. If decedent was not survived by either spouse or children, or if decedent'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 relationship to decedent for each of those institutions or persons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- q. Length of decedent's last illness. \_\_\_\_\_
- r. Names and addresses of decedent's personal physician and nurses attending decedent during decedent last illness. \_\_\_\_\_
- s. Name, address and phone number of funeral home. \_\_\_\_\_  
\_\_\_\_\_

**2.** Date of **Will**: (if any) \_\_\_\_\_  
(Enclose the original)  
Date of **Codicil**: (if any) \_\_\_\_\_  
(Enclose the original)

**3.** Date of **Living Trust**: \_\_\_\_\_  
(Enclose the original)  
**Amendments or Restatements**  Yes  No Dates: \_\_\_\_\_  
(Enclose the original)

**4. Children:**

Names / Dates of Birth:

Stepchild / Biological Child

(include legally adopted children)

_____	_____
_____	_____
_____	_____
_____	_____

a. Any children **born or adopted after** the date of the Will /Living Trust? Yes No  
If so, names and DOB: \_\_\_\_\_

b. Did the decedent ever have any children **given up** for adoption? Yes No

**5. Marital status of decedent:**

Married  Single  Divorced  Widowed  Life Partner

If married how long? \_\_\_\_\_

How many times married? \_\_\_\_\_

Spouse(s): \_\_\_\_\_

Was deceased ever divorced: \_\_\_\_\_

If so: from whom? when? \_\_\_\_\_

(Please include copies of Decrees of Divorce if applicable)

**6. Applicant: (i.e. Executor, Trustee, Administrator)**

a. Full legal name: \_\_\_\_\_

b. Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

**7. Is the person nominated to be executor or administrator**

a. Incapacitated Yes No

b. Felon Yes No

c. Non-resident Yes No

d. Corporation not authorized as a fiduciary Yes No

e. Person court finds unsuitable Yes No

**8. Beneficiaries or Heirs**

a. Full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

b. Full legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

c. Full legal name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

d. Full legal name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

e. Full legal name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**9. Names of 2 disinterested witnesses (if heirship) familiar with the family and marital history of Decedent**

a. Full legal name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

b. Full legal name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**10. Other Advisors: ex. CPA, Financial Planner (if applicable)**

a. CPA name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

b. FA name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**11. Does the Will or Trust leave any part of the estate to a charity or governmental agency?**

- a. Governmental agency  Yes  No
- b. Charitable organization  Yes  No
- c. State of Texas  Yes  No

**12. Did the decedent own any life insurance on the life of another?**  Yes  No

Please provide the company issuing the policy and the name on the policy \_\_\_\_\_

**13. Did the decedent own any property as a joint tenant with anyone other than their spouse?**

Yes  No

If so, who? \_\_\_\_\_

**14. Was the decedent receiving an annuity and / or a pension?**  Yes  No

## PART II – Asset Gathering Inventory and Checklist

We will be required to prepare a comprehensive Inventory of the decedent's estate whether this is a probate of a Will or a trust administration. **To begin the process to accomplish this** please provide you to please bring copies of credit card statements, bank statements, brokerage statements, life insurance policies, promissory notes, tax records and tax statements relating to the deceased and his or her property.

We will **eventually need** the following information. It is **part of our job to assist you** in compiling the following information:

- description of all assets
- fair market value of all assets as of the date of death
- description of all liabilities
- payoff balance of all liabilities
- whether an asset is
  - *community property (cp)*
  - *separate property (sp)*
- whether an asset is titled in the individual's name or
  - as JTROS or JTWROS=Joint tenancy with right of survivorship,
  - POD=Payable on death,
  - TOD=Transfer on death

Please answer the following:

Did Decedent have a safety deposit box?

If so, list the description of the contents and value:

---

---

---

### PLEASE ATTACH OR BRING STATEMENTS WITH THE FOLLOWING INFORMATION:

**1. INVESTMENT ADVISOR'S STATEMENT** FOR THE MONTH PRECEDING DEATH AND THE MONTH FOLLOWING THE DATE OF DEATH. IF STOCKS ARE NOT OWNED THROUGH AN INVESTMENT ADVISOR, such as Edward Jones, Smith Barney, Fidelity, Schwab, etc.) Then please provide copies of the stock certificates or statements with information such as

- NUMBER OF SHARES
- CUSIP NUMBER IF KNOWN
- PAR VALUE
- ANY OTHER INFORMATION KNOWN

**2. STOCK / BOND CERTIFICATES**

**3. MUTUAL FUND/BROKERAGE STATEMENTS**

**4. BANK STATEMENTS, CDS, NOTES, CASH**

FOR EACH BANK ACCOUNT, CDs, NOTES OWNED, provide the following information:

- ACCOUNT NUMBER
- INTEREST RATE (IF APPLICABLE)
- HOW THE ACCOUNT IS TITLED

**5. LIFE INSURANCE POLICIES**

FOR EACH INSURANCE POLICY ON THE DECEDENT'S LIFE, please provide the following information:

- COMPANY
- POLICY NUMBER
- FACE VALUE
- ANY OTHER INFORMATION KNOWN

**6. ANNUITY CONTRACTS**

FOR EACH ANNUITY CONTRACT OWNED BY THE DECEDENT, please provide the following information:

- COMPANY
- POLICY NUMBER
- FACE VALUE
- ANY OTHER INFORMATION KNOWN

**7. RETIREMENT PLANS (INCLUDE BENEFICIARY DESIGNATIONS)**

FOR EACH RETIREMENT PLAN OWNED BY THE DECEDENT, please provide the following information:

- COMPANY
- PLAN/ACCOUNT NUMBER
- VALUE
- ANY OTHER INFORMATION KNOWN

**8. BENEFITS PAYABLE AS A RESULT OF DEATH**

(I.e. Worker's compensation, Insurance policies etc)

**9. REAL ESTATE**

FOR ALL REAL ESTATE OWNED, please provide the following information:

- FULL LEGAL DESCRIPTION (the Deed or tax statement will have this information)

**\*\*FOR LARGE TRACTS OF LAND, ESPECIALLY THOSE THAT ARE RANCHES, FARMS OR ARE UNIQUE IN SOME OTHER WAY, AN APPRAISAL MAY BE REQUIRED.**

PLEASE EITHER PROVIDE CLOSING STATEMENTS OR TAX INFORMATION THAT DESCRIBES EACH TRACT, INCLUDE COUNTY AND STATE.

**PROPERTY #1:** \_\_\_\_\_

**PROPERTY #2:** \_\_\_\_\_

**PROPERTY #3:** \_\_\_\_\_

**10. TITLES/REGISTRATION**

- A. AUTOMOBILES (MODEL AND VIN)
- B. BOATS
- C. AIRPLANES
- D. MOBILE HOMES
- E. OTHER

11. **COPIES OF INCOME TAX RETURNS FOR LAST THREE (3) YEARS**  
(Please include 1099s, K1s, 1041s and other if applicable)
12. **GIFT TAX RETURNS (FORM 709) FILED (IF ANY)?**
13. **MARITAL PROPERTY AGREEMENTS?**
14. **DESCRIPTION (INCLUDING TIMESHARES) OF ANY REAL ESTATE OWNED OUTSIDE OF TEXAS**
15. **PARTNERSHIP AGREEMENTS?**
16. **BUY-SELL AGREEMENTS?**
17. **LIVING TRUSTS ESTABLISHED BY OR FOR DECEASED?**
18. **IRREVOCABLE TRUSTS IN WHICH THE DECEASED IS THE GRANTOR? TRUSTEE? BENEFICIARY?**
19. **INTERESTS IN CLOSELY HELD CORPORATIONS?**
20. **STOCK OPTIONS (VESTED OR NOT VESTED) IN A PUBLICLY TRADED CORPORATION? (Please Indicate ISO or NQ)**
21. **\*MISCELLANEOUS PROPERTY:**
  - DEBTS OWED TO THE DECEDENT
  - INTERESTS IN BUSINESS
  - MINERAL ROYALTIES
  - LEASEHOLDS
  - JUDGMENTS FOR OR AGAINST THE DECEDENT
  - LIVESTOCK
  - FARM PRODUCTS
  - FARM MACHINERY
  - HOUSEHOLD GOODS
  - PERSONAL EFFECTS
  - CASH HELD BY THE DECEDENT THAT WAS NOT IN THE BANK AT THE DATE OF DEATH

\*IF FURS, ARTWORK, SILVERWARE, COIN COLLECTIONS, ETC. AND/OR JEWELRY ARE OWNED, LIST FULL DETAILS. (IF THEY ARE WORTH MORE THAN \$10,000 AN APPRAISAL IS REQUIRED.)



**PART III – Asset Gathering  
Expenses of the Estate**

**Detailed Statement of Decedent's Debts, Expenses and Administrative costs:**

**1. Debts of the Decedent:**

PLEASE LIST ALL MORTGAGES, LIENS, AND DEBTS SHOWING NAME AND ADDRESS OF CREDITOR, NATURE OF CLAIM AND AMOUNT DUE TO CREDITOR.

	Name of Creditor	Balance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**2. Last Illness Expenses , Funeral Expenses:**

- FUNERAL EXPENSES
- MEDICAL EXPENSES
- ANY OTHER MISCELLANEOUS EXPENSE \_\_\_\_\_

**3. CHARITABLE GIFTS & BEQUESTS:**

LIST ALL PROPERTY GIVEN TO CHARITY OR OTHER INSTITUTIONS

	Name of Charity	Amount
1.		
2.		
3.		
4.		

- IF REAL ESTATE OR SIMILAR PROPERTY IS GIVEN, LET US KNOW AS AN APPRAISAL MAY BE NEEDED.

## **PART IV – Asset Gathering Documents Needed**

1. Original Will
2. Codicils to Will
3. Trust instruments
4. Amendment to Trust instruments
5. 10 Death certificates (certified)
6. 3 prior years Income tax returns relating to decedent and any business or family interests
7. Documents relating to decedents business interests
8. Names and addresses of decedent's advisors ex. CPA, broker, Insurance agents, bankers, trust officers, financial planners etc.
9. If decedent served in military, bring certificate of discharge or separation and other documents relating to military benefits.
10. Partnership, "buy-sell", employment, franchise, stock purchase, stock option and other agreements signed by either the decedent or decedent's spouse owned an interest in a partnership; please furnish income tax returns, balance sheets, and profit and loss statements for the five most recent years.
11. Copies of pleadings filed in suits in which decedent or decedent's spouse was a party at the time of decedent's death.
12. Published articles, photographs, or descriptions of home furnishings, artwork, collections, or other items shown in newspapers, magazines, and other publications.