

IMPORTANT INSTRUCTIONS PLEASE READ

**THIS FORM IS A FILLABLE PDF FILE THAT ALLOWS YOU TO
TYPE RESPONSES & ANSWERS DIRECTLY INTO THE FORM.**

PLEASE FOLLOW THESE STEPS:

- (1) DOWNLOAD AND SAVE THE FORM TO YOUR COMPUTER.**
- (2) CLOSE THE VERSION DISPLAYED IN THE WEB BROWER.**
- (3) OPEN THE FILE THAT YOU SAVED TO YOUR COMPUTER.**
- (4) COMPLETE THE FORM AND RE-SAVE THE FILE.**
- (5) UPLOAD THE COMPLETED FORM INTO MYCASE.**



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CLIENT CONTACT INFORMATION
[STRICTLY CONFIDENTIAL]

FULL LEGAL NAME: _____

MARITAL STATUS: SINGLE WIDOWED MARRIED DIVORCED

DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____

BILLING ADDRESS: _____

COUNTY OF RESIDENCE (e.g., Collin County, Dallas County): _____

MOBILE NUMBER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER (**LAST 3 DIGITS ONLY**): _____

DRIVERS LICENSE STATE (IF NOT TEXAS): _____

SOCIAL SECURITY NUMBER (**LAST 3 DIGITS ONLY**): _____

The Summit

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**PROBATE APPLICATION — DETERMINATION OF HEIRSHIP
(DECEDENT DIED WITHOUT A VALID WILL)**

**FULL LEGAL NAME OF
DECEASED PERSON:** _____

**DECEDENT'S ADDRESS
AT TIME OF DEATH:** _____

DECEDENT'S DATE OF BIRTH: _____

DECEDENT'S DATE OF DEATH: _____

**LAST THREE DIGITS OF
DECEDENT'S DRIVERS LICENCE NO.:** _____

**LAST THREE DIGITS OF
DECEDENT'S SOCIAL SECURITY NO.:** _____

LOCATION OF DEATH (City, County, State): _____

OPTIONAL: Describe any relevant family history and/or other facts that are necessary to explain the relationship (sibling, spouse, etc.) between the Decedent and those who are expected to inherit from Decedent's estate.

**PROBATE APPLICATION — DETERMINATION OF HEIRSHIP
(DECEDENT DIED WITHOUT A VALID WILL)**

ESTATE ASSETS

To the best of my knowledge, all of the assets of Decedent's estate are as follows:

TYPE OF ASSET	DESCRIPTION / LOCATION	ESTIMATED VALUE

LIABILITIES

To the best of my knowledge, the liabilities of Decedent's estate are as follows:

CREDITOR	DESCRIPTION / LOCATION	AMOUNT OF CLAIM

(attach additional pages, if necessary)

**PROBATE APPLICATION — DETERMINATION OF HEIRSHIP
(DECEDENT DIED WITHOUT A VALID WILL)**

To the best of your knowledge, please answer the following questions:

TRUE or FALSE: At the time of death, a SIGNED/VALID WILL did NOT exist.

TRUE or FALSE: At the time of death, the Decedent owned REAL ESTATE PROPERTY (e.g., land, real property, real estate, realty, or other immovable property).

TRUE or FALSE: Decedent received financial assistance from a federally funded Medicaid benefits program during his or her life and Decedent's estate may be subject to MERP recovery (Medicaid Estate Recovery Program).

TRUE or FALSE: The KNOWN LIABILITIES of the estate EXCEEDED the total value of the KNOWN ASSETS of the estate (the estate is insolvent).

TRUE or FALSE: There will be a need to APPOINT APPRAISERS for this Estate. (An appraiser is only necessary if the value of certain assets such as real estate property cannot be reasonably estimated.)

TRUE or FALSE: A petition for the appointment of a PERSONAL REPRESENTATIVE or EXECUTOR is currently pending or already has been granted for the Decedent's estate (in other words, another probate proceeding already has been filed, either in Texas or another state.)

**UPLOAD OR ATTACH COPY OF:
CERTIFICATE OF DEATH**



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CLIENT PRIVACY POLICY

Protecting the privacy of the information provided by our clients and maintaining the confidentiality of this information is of the utmost importance to us. The privacy policy below applies to the Social Security data that we collect from you and constitutes our notice to you about why we collect certain personal information, how we use it and with whom we share it, and how we protect this information.

How and why we collect your personal information:

- We may ask that you provide us with your Social Security number at the time we initially undertake your legal representation.
- We may need your Social Security number to obtain legal records (including medical records and wage information). We do not use this information for any other internal or secondary purpose.
- When you provide us with this personal information, we treat it very carefully.
- We collect personal information about you (e.g., email, Social Security number or other unique identifiers) only if you specifically and knowingly provide it to us.

How this personal information is protected:

- We will take reasonable precautions to maintain the security, confidentiality and integrity of the information we collect.
- Information in your file is confidential and is only accessible to members of our staff.

How and when we use your personal information:

- We do not sell the information we collect.
- The personal information you provide to us will be used only in connection with the legal issues for which you have retained us to represent you, or for the other purposes described in this privacy policy, and/or at the time the information is collected.

How and with whom we share your personal information:

- We may disclose your Social Security number to health care providers, employers, and the Internal Revenue Service in order to obtain evidence or information relevant to your representation.
- We may also disclose your Social Security number to an adverse party if requested to do so in the course of the discovery process and only where such information is relevant to our representation of your best interests.

How we dispose of this information:

- At the conclusion of your case, your file and personal information will be stored in a secured area for a period of at least five (5) years. After a period of five years has passed, if it is appropriate, we will destroy your file, including information about your Social Security number.