

**APPLICATION INFORMATION
[PROBATE OF WILL]**

TODAY'S DATE:

APPLICANT'S NAME (your name): _____

**FULL LEGAL NAME
OF DECEDENT:** _____

DATE OF DEATH: _____

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

Describe any relevant family history and/or facts that are necessary to explain the relationship between those who will inherit under the will and Decedent's other family members.

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

TRUE or FALSE: At the time of Decedent's death, there existed a validly executed WILL.

TRUE or FALSE: At the time of Decedent's death, there was only ONE WILL.

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

TRUE or FALSE: The Decedent received financial assistance from at least one federally funded benefits program (Medicaid, Medicare, Veterans, etc.).

TRUE or FALSE: The Decedent's estate is subject to MERP (Medicaid Estate Recovery Program).

TRUE or FALSE: The KNOWN LIABILITIES of the estate EXCEED the total value of the KNOWN ASSETS of the estate.

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

TRUE or FALSE: A petition for the appointment of a PERSONAL REPRESENTATIVE is already 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.)

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