

**APPLICATION INFORMATION
[PROBATE OF WILL]**

TODAY'S DATE:	
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APPLICANT'S NAME (your name): _____

**FULL LEGAL NAME
OF DECEDENT:** _____

DATE OF DEATH: _____

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

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

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

Describe any relevant family history and/or facts that are necessary to explain the relationship (sibling, spouse, etc.) between those who will inherit under the will.

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[PROBATE OF WILL]

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.)

PLEASE ATTACH

- (1) CERTIFICATE OF DEATH**
- (2) COPY OF LAST WILL AND TESTAMENT**
(DO NOT MAIL the ORIGINAL WILL)

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