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HEIRSHIP QUESTIONNAIRE

Instructions: Please fill out this worksheet fully and return it as soon as possible. **ALL** the requested information is important. If you do not supply the necessary information, our work may be delayed and your costs may increase. If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet.

1. Affiant –

Full name: _____

Address: _____

Last 3 digits of Social Security number: _____

Issuing State of driver's license: _____

Last 3 digits of driver's license number: _____

Relationship to deceased (spouse, child...): _____

Length of relationship with deceased: _____

2. Require following information regarding deceased:

Full name of deceased: _____

Address: _____

Date of birth: _____

Place of birth: _____

Date of death: _____

Place of death: _____

Age at date of death: _____

Did Decedent did apply for and receive Medicaid benefits on or after March 1, 2005? _____ Yes _____ No

3. For *each* marriage of deceased:

Latest Marriage:

Name of spouse: _____

Date of marriage: _____

Place of marriage: _____

Termination of the Marriage:

If Spouse died:

Date of Spouse's death: _____

Place of Spouse's death: _____

If marriage ended in divorce:

Date of Divorce: _____

Place of Divorce: _____

Court Case Number: _____

Previous Marriage: (Use extra pages if Deceased was married more than twice.)

Name of spouse: _____

Date of marriage: _____

Place of marriage: _____

Termination of the Marriage:

If Spouse died:

Date of Spouse's death: _____

Place of Spouse's death: _____

If marriage ended in divorce:

Date of Divorce: _____

Place of Divorce: _____

Court Case Number: _____

4. For each child born to or adopted by the deceased: (Include more pages if needed)

First Living Child:

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Other Parent's Name: _____

Second Living Child:

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Other Parent's Name: _____

Third Living Child:

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Other Parent's Name: _____

Fourth Living Child:

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Other Parent's Name: _____

If Decedent has any children who have predeceased (Use more pages if needed):

First Deceased Child

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Date of birth: _____

Place of birth: _____

Other Parent's Name: _____

Did Child have a Will?: _____

Was there any Estate Administration?: _____

Court?: _____

Case Number?: _____

Names of Descendants: _____

Second Deceased Child

Full name of Child: _____

Spouse's name (if married): _____

Address: _____

Date of birth: _____

Place of birth: _____

Other Parent's Name: _____

Did Child have a Will?: _____

Was there any Estate Administration?: _____

Court?: _____

Case Number?: _____

Names of Descendants: _____

5. If deceased was not survived by descendants, then for each of decedent's parents —

Father

Father's Full name: _____

Address (If Living): _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Date of death (If applicable): _____

Place of death (If applicable): _____

Mother

Mother's Full name: _____

Address (If Living): _____

Email: _____ Phone: _____

Date of birth: _____ Place of birth: _____

Date of death (If applicable): _____

Place of death (If applicable): _____

6. If deceased was not survived by descendants or parents, then for each of decedent's siblings —

Full name

Date of birth

Current residence *or* Date of death

Email address and phone number

7. Gross value of Deceased's estate: \$ _____

8. Description and value of property (list all properties and any other accounts receivable)

9. If real property involved, is it free and clear of liens? _____

Name of lender: _____

Address of Lender: _____

10. List any other debts owed by the decedent's estate.

11. Names and addresses of two disinterested persons who can swear to the accuracy of the information in this Questionnaire.

Witness One

Full name: _____

Address: _____

Relationship to Decedent: _____

Length of Relationship: _____

Witness Two

Full name: _____

Address: _____

Relationship to Decedent: _____

Length of Relationship: _____

12. Need *certified* copy of decedent's death certificate, decedent's original Will (if any), and copies of administration (probate) papers relating to decedent's estate.

The information in this questionnaire is correct and complete to the best of my knowledge and belief.

Client Signature

Client Phone: _____

Client Address: _____

Client email: _____