

# COWART LAW OFFICES

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## Initial Intake for Probate MOT

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Residential Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

- I authorize text messages concerning my case to the following number: \_\_\_\_\_ \*
- I authorize emails concerning my case to the above email address. *\*Message and data rates may apply.*
- I authorize calls regarding my case to the following number: \_\_\_\_\_

A.K.A. \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Place of birth: \_\_\_\_\_  
City State County

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
Street City State Zip Code

Spouse's Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address (if different than yours): \_\_\_\_\_  
Street City State Zip Code

### PERSON FINANCIALLY RESPONSIBLE:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (other than self):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

# MUNIMENT OF TITLE / SMALL ESTATE AFFIDAVIT

For Estates Valued Under \$50,000

## CLIENT INFORMATION WORKSHEET

### PART I - PERSONAL DATA

**NAME of DECEDENT:** \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Social Security Number: \*mandatory \_\_\_\_\_

Drivers License Number \*mandatory \_\_\_\_\_

Was Decedent a U.S. citizen? Yes: \_\_\_ No: \_\_\_

If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

Location of Will, if any: \_\_\_\_\_

Date of Will: \_\_\_\_\_

Location of Codicils, if any: \_\_\_\_\_

Date of Codicils: \_\_\_\_\_

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Social Security Number: \*mandatory \_\_\_\_\_

Drivers License Number \*mandatory \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**NAME of ALTERNATE REPRESENTATIVE:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Social Security Number: \*mandatory \_\_\_\_\_

Drivers License Number \*mandatory \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**PART II - BENEFICIARIES or HEIRS AT LAW**

**NAME of SPOUSE/DOMESTIC PARTNER:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and place of marriage/domestic partnership: \_\_\_\_\_

Status of Spouse:  Living  Deceased  Under Conservatorship

**CHILDREN'S INFORMATION:**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

<b>Name:</b>	<b>Age:</b>	<b>Residence:</b>
_____	_____	_____
_____	_____	_____

Please provide the following information regarding decedent's former marriages, if any:

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

**PART IV - ASSETS**

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

**CASH**

Cash on hand: \_\_\_\_\_

Traveler's checks: \_\_\_\_\_

Money orders: \_\_\_\_\_

**BANK ACCOUNTS**

Name of Financial Institution	Account Title Or Description	Account #	As of Balance	Checking	Savings	M Mkt/CD
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REAL ESTATE:** (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**Street address:** \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**Street address:** \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**LIFE INSURANCE:**

**Name of life insurance company:** \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY:** (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

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Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOX:**

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_