



www.heritagelawtx.com

Phone: (512) 930-0529

HEIRSHIP INTAKE (NO WILL)

Appointment Date: _____

Your Full Name: _____ Your e-mail address: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Work Telephone: _____

Driver's License #: _____ Birthdate: _____

Social Security #: _____ - _____ - _____ Sex: M F

Who should serve as Administrator of the Estate? _____

Has proposed Administrator ever been convicted of a crime? _____ If yes please explain:

How Were You Referred to Heritage Law? _____

Alternate contact person, to contact in case of an emergency: (court forms require this information)

Name: _____ Phone Number: _____

Address: _____

OTHER CONCERNS OR COMMENTS WHICH YOU FEEL WILL BE HELPFUL TO THE ATTORNEY:

HEIRSHIP WORKSHEET

For Decedent, Please List:

Full Legal Name: _____

Any Other Names (aka) : _____

Date of Birth: _____ Date of Death: _____

SSN: _____ DL: _____

Address of Decedent: _____

County of Residence: _____ City & County of Death: _____

For ALL Marriages of Decedent, Please list: (Add pages if needed)

1. Full Legal Name of Spouse: _____

Date of Marriage: _____ Date of Termination: _____

Location of Termination: _____

Reason (Divorce/Death): _____

2. Full Legal Name of Spouse: _____

Date of Marriage: _____ Date of Termination: _____

Location of Termination: _____

Reason (Divorce/Death): _____

3. Full Legal Name of Spouse: _____

Date of Marriage: _____ Date of Termination: _____

Location of Termination: _____

Reason (Divorce/Death): _____

For All Children (Living and Deceased) of Decedent, Please List: (Add pages if needed)

1. Full Legal Name: _____
Date of Birth: _____ Marital Status: _____
Address: _____
Telephone Number: _____ Email: _____
Name of Other Parent: _____
Is this Child Deceased? _____ Date of Death: _____
2. Full Legal Name: _____
Date of Birth: _____ Marital Status: _____
Address: _____
Telephone Number: _____ Email: _____
Name of Other Parent: _____
Is this Child Deceased? _____ Date of Death: _____
3. Full Legal Name: _____
Date of Birth: _____ Marital Status: _____
Address: _____
Telephone Number: _____ Email: _____
Name of Other Parent: _____
Is this Child Deceased? _____ Date of Death: _____

FOR ANY DECEASED CHILDREN OF DECEDENT LISTED ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE CHILDREN OF ANY DECEASED CHILD: (Add pages if needed)

1. Full Legal Name: _____
Date of Birth: _____ Marital Status: _____
Address: _____

Telephone Number: _____ Email: _____

Names of Parents: _____

2. Full Legal Name: _____

Date of Birth: _____ Marital Status: _____

Address: _____

Telephone Number: _____ Email: _____

Names of Parents: _____

3. Full Legal Name: _____

Date of Birth: _____ Marital Status: _____

Address: _____

Telephone Number: _____ Email: _____

Names of Parents: _____

If Decedent **DID NOT have children**, provide information regarding Decedent's Parents.

Mother's Full Legal Name: _____

Date of Birth: _____ Date of Death: _____

If Living : Address: _____

Email: _____ Phone: _____

Father's Full Legal Name: _____

Date of Birth: _____ Date of Death: _____

If Living : Address: _____

Email: _____ Phone: _____

If Decedent **DID NOT** have a current spouse, **DID NOT** have children, and was **NOT** survived by **BOTH** parents, please list the following information regarding Decedent's siblings who were born to **either parent of Decedent**:

1. Full Legal Name of Sibling: _____ M F

Address: _____

Email: _____ Phone: _____

Names of Parents: _____

Date of Birth: _____ Marital Status: _____

Date of Death: _____

If deceased, did sibling have children: _____

2. Full Legal Name of Sibling: _____ M F

Address: _____

Email: _____ Phone: _____

Names of Parents: _____

Date of Birth: _____ Marital Status: _____

Date of Death: _____

If deceased, did sibling have children: _____

3. Full Legal Name of Sibling: _____ M F

Address: _____

Email: _____ Phone: _____

Names of Parents: _____

Date of Birth: _____ Marital Status: _____

Date of Death: _____

If deceased, did sibling have children: _____

Property owned by Decedent:

Home/Real Estate: _____ Mortgage Y N
_____ Mortgage Y N

Bank Accts:

Name of Bank: _____ checking ___ savings ___ Approx Balance: _____

Name of Bank: _____ checking ___ savings ___ Approx Balance: _____

Vehicle year, make, model: _____ VIN: _____ Value: _____

Vehicle year, make, model: _____ VIN: _____ Value: _____

IRAs/401ks: _____

Investment Accounts: _____

Please bring account statements if available. Please bring death certificate to appointment.

Two Disinterested Witnesses will be required:

(People who are familiar with the family and marital history of Decedent, **knew Decedent for more than 10 years prior to death**, do not have a financial interest in the estate. In some cases witness may need to appear at a hearing)

Disinterested Witness 1:

Full Legal Name: _____

Address: _____

Phone: _____ Email: _____

How did Witness know Decedent? _____

In what year did Witness meet Decedent? _____

Disinterested Witness 2:

Full Legal Name: _____

Address: _____

Phone: _____ Email: _____

How did Witness know Decedent? _____

In what year did Witness meet Decedent? _____