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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? \_\_\_\_\_