

ESTATE ADMINISTRATION

QUESTIONNAIRE

PERSONAL & CONFIDENTIAL

KRONEY MORSE LAN, P.C.

825 Three Forest Plaza

12221 Merit Drive

Dallas, Texas 75251

Tel: (972) 386-8500

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b. Social Security number of surviving spouse:

c. Citizenship of surviving spouse: _____

Divorced:

a. Name of ex-spouse: _____

b. Date of divorce: _____

13. Death certificate number: _____.
Please attach copy of death certificate.

B. MISCELLANEOUS INFORMATION

1. Did Decedent maintain a safe deposit box at the date of death?

Yes No

If Yes, state:

a. Location: _____

b. Owner(s): _____

SCHEDULE A

REAL ESTATE

Did Decedent own a community or separate property interest in any real estate (including mineral interests) in any state? Yes No

If no, go to Schedule B. If yes, go to following page.

ITEMS TO PROVIDE ATTORNEY

Copies of all deeds, deeds of trust, or other documents evidencing liens, for all real estate (including mineral interests). Include copy of most recent property tax statements.

If the property is leased to another, copy of the lease.

For mineral interests, copies of all royalty agreements, leases, division order, and other documents evidencing rights or interest in the mineral interests, etc.

Copies of any environmental studies done on real estate.

SCHEDULE A-1

REAL ESTATE

PLEASE COMPLETE A SCHEDULE FOR EACH PARCEL OF REAL ESTATE
OR MINERAL INTEREST

1. Street address (if applicable): _____
2. Legal description: _____
(You may attach deed in lieu of legal description)
3. Was the property being occupied as Decedent's primary residence? Yes No
4. Name(s) in which property title held: _____
5. Community or separate property? _____
6. Approximate amount owed on property mortgage at date of death: \$ _____
Mortgage Company: _____
Address of Mortgage Co.: _____
7. Estimated or appraised value at date of death: _____

Attach appraisal, if any.

SCHEDULE B

STOCKS AND BONDS

Did Decedent own a community or separate property interest in any corporate stocks, bonds, stock in closely held corporations, or United States Government securities (e.g., savings bonds, treasury notes, bills, or bonds) at the date of death? Yes No

If no, go to Schedule C. If yes, go to following pages.

ITEMS TO PROVIDE ATTORNEY

Copy(ies) of all stock certificate(s) if held by Decedent.

Copy(ies) of all corporate or municipal bond(s) and other security(ies).

Copy(ies) of buy-sell agreement(s) for closely held corporation(s).

Copy(ies) of most recent brokerage account statement(s).

SCHEDULE B-1

SCHEDULE OF STOCK
(INCLUDING MUTUAL FUNDS)

Stock Name	Number of Shares Owned	Registered Owner(s)	Par Value	Type of Stock	CUSIP Number	Community or Separate Property

SCHEDULE B-2

SCHEDULE OF BONDS
(INCLUDING U.S. GOVERNMENT)

Type of Bond	Registered Owner(s)	Description (Including amount, issue date, maturity date and interest rate)	Community or Separate Property?

SCHEDULE C

MORTGAGES, NOTES, AND CASH

1. Cash in Decedent's possession at date of death: \$ _____
2. Did Decedent own a community or separate property interest in any bank accounts, notes, or mortgages (due the Decedent) at date of death? Yes No

If no, go to Schedule D.

3. Did Decedent own an interest in any bank accounts, notes, or mortgages (due the Decedent) with another person as joint tenants with right of survivorship?
 Yes No

If yes, go to following page.

ITEMS TO PROVIDE ATTORNEY

Copy of all mortgages together with any notes owned by or payable to Decedent.

Copy of all outstanding promissory notes owned by or payable to Decedent.

Copies of all bank signature cards.

Copy(ies) of most recent bank statement(s) for all accounts.

SCHEDULE C-1

MORTGAGES, NOTES, AND CASH

1. Please complete the following table for all checking and savings accounts, certificates of deposit, and like cash accounts in which Decedent possessed an interest at date of death.

Account No.	Balance at Date of Death	Description (Including type of account, name of financial institution, name in which account held)	Community or Separate Property?	Joint Tenants with Right of Survivorship

2. If Decedent had a community or separate property interest in any mortgages and notes (as assets, not liabilities) at date of death, please complete the following schedule:

Value at Date of Death	Description (including date of note, maturity date, interest rate, maker, original amount)	Community or Separate Property?

SCHEDULE D

INSURANCE ON DECEDENT'S LIFE

1. Was Decedent insured under any life insurance policies payable to the estate?

Yes No

2. Was Decedent insured under any other life insurance policy?

Yes No

If no to both, go to Schedule E. If yes, continue on following page.

ITEMS TO PROVIDE ATTORNEY

Forms showing current beneficiary (original beneficiary designation or most recent change of beneficiary).

IRS Forms 712, if any.

SCHEDULE D-1

SCHEDULE OF INSURANCE
ON DECEDENT'S LIFE

Name of Life Insurance Company	Owner(s)	Policy Number	Face Amount	Beneficiary	Proceeds Paid	Community or Separate Property?

SCHEDULE E

JOINTLY OWNED PROPERTY

Did Decedent, at date of death, own any property either as a joint tenant with right of survivorship or as a tenant by the entirety, which is not disclosed on any other schedule?

Yes No

If no, go to Schedule F. If yes, go to following page.

SCHEDULE E-1

JOINTLY OWNED PROPERTY

Please complete the following table for all property held by Decedent at the time of death as a joint tenant with right of survivorship or tenant by the entirety, which is not disclosed on any other schedule. Include all applicable account numbers, legal descriptions, etc. for each interest.

Description of Property	Name(s) of Surviving Tenants

SCHEDULE F

OTHER MISCELLANEOUS PROPERTY

1. If Decedent owned a community or separate property interest at date of death in any automobile(s), boat(s), airplane(s), or other vehicle(s), please provide the following information:

Description of vehicle, including make, model, type, and name in which held	Value at Date of Death	Community or Separate Property?

2. Estimated or appraised value of Decedent's personal effects at date of death? \$ _____

Attach copy of appraisal, if any.

3. Estimated or appraised value of all household goods and furnishings in which Decedent had an interest at date of death? \$ _____

Attach copy of appraisal, if any.

4. Estimated or appraised value of Decedent's interest in any coin, stamp, or other collections at date of death? \$ _____. Please describe collection.

5. Did Decedent own an interest in any life insurance policies on the life of a third party? If yes, describe on the following schedule:

Company Name and Policy No.	Description, including insured, owner, face amount of policy	Community or Separate Property?

6. Salary or commissions payable but not received at date of death: \$ _____
7. Social Security payments of Decedent accrued but unpaid as of the date of death? \$ _____

8. If Decedent owned an interest in any partnership (general or limited) or proprietorship at the date of death, other than interests in corporations disclosed on Schedule B, please describe on following schedule:

Name of Partnership	Address	Percentage Owned	Names and Address of Other Owners	Value of Interest	Community or Separate Property?

9. List all other property and its value in which Decedent had an interest and which is not listed in other schedules.

SCHEDULE G

GIFTS AND OTHER TRANSFERS DURING DECEDENT'S LIFETIME

1. Transfers to Trust

Has Decedent during his or her lifetime ever transferred property to a trust?

Yes No

If yes, give details and provide a copy of the trust or trusts.

2. Have any Federal gift tax returns ever been filed? Yes No

If yes, attach copies of return(s) or name, address, and telephone number of person to contact to obtain copies:

Name: _____

Address: _____

Telephone No.: _____

SCHEDULE H

POWERS OF APPOINTMENT

1. At the time of Decedent's death, was the Decedent a beneficiary of, a trustee of, or have any beneficial interest in a trust created by someone other than the Decedent?

Yes No

If yes, provide a copy of the trust.

2. At the time of Decedent's death, did Decedent have any power to consume, invade, or obtain property not owned by the Decedent or be distributed to himself, his estate or his creditors?

Yes No

If yes, provide details.

SCHEDULE I

ANNUITIES

Was Decedent receiving an annuity, Social Security, or any other pension benefits immediately prior to his death? Yes No

If yes, describe below:

Description of annuity, including payor name and address and terms	Value at Date of Death

SCHEDULE J

FUNERAL AND ADMINISTRATION EXPENSES

1. Funeral Expenses:

- a. Cost of funeral \$ _____
- b. Cost of flowers \$ _____
- c. Contribution to:
 - Minister \$ _____
 - Organist \$ _____
 - Soloist \$ _____
- d. Amount of telephone expense to notify relatives: \$ _____
- e. Other expenses incurred with regard to the funeral:
 - _____
 - _____
 - _____

2. Administrative Expenses:

- a. Appraiser's fee or fees (list individually): \$ _____
- b. Cost of Death Certificates: \$ _____
- c. Other: \$ _____

SCHEDULE K

DEBTS OF DECEDENT, MORTGAGES, LIENS AND BANK NOTES

1. Please provide the following information regarding all debts of Decedent, including all charge account bills, utility bills, household bills, Medicare bills, taxes due, unsecured notes and other debts of Decedent incurred but unpaid at date of death.

Creditor Name and Address	Description of Debts, including amount due and description of service

2. Describe all mortgages and notes payable below:

Name and Address of Oblige	Description (including date, term, face amount, interest and amount owed at date of death)

SCHEDULE L

**CERTAIN NET LOSSES DURING ADMINISTRATION AND EXPENSES INCURRED
IN ADMINISTERING PROPERTY NOT SUBJECT TO CLAIMS**

Certain Net Losses During Estate Administration. Describe below all losses arising from fire, storm, or other casualty or from theft if any which occurred during the administration of the estate to property in Decedent's estate, and, in connection therewith, indicate the extent (including amount) to which the loss was compensated for by insurance or otherwise.

Description of Loss (including date and amount of compensation)	Amount of Loss

SCHEDULE M

CREDIT FOR FOREIGN TAXES

Describe below any property owned by Decedent in any foreign country at the date of death.

SCHEDULE N

CREDIT FOR TAX ON PRIOR TAX TRANSFERS

Describe below any property inherited by Decedent from any person within ten years of his death. Please attach copy of Federal Estate Tax Return.

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