

**2.0 D'S WILL, CODICIL, ESTATE, AND PERSONAL REPRESENTATIVES**

- 2.01 Did D leave a will? ☐ Yes ☐ No If no, complete Items 2.43 through 2.44A concerning anyone who will waive and renounce the right to letters, complete Item 6.11A, and skip to Item 2.73.
- 2.02 Date of D's will \_\_\_\_\_
- 2.02A Was will **probated** or otherwise established in a foreign jurisdiction, that is, **another state or a foreign country**? ☐ Yes ☐ No If yes, complete Items 6.48 through 6.67 for each other personal representative and attorney in a foreign jurisdiction.
- 2.02B Was D domiciled in Texas at death (see Item 1.11)? ☐ Yes ☐ No If yes, skip to Item 2.04.
- 2.02C Date will admitted to probate in foreign jurisdiction \_\_\_\_\_
- 2.02D Date of qualification of executor in foreign proceeding \_\_\_\_\_
- 2.02E Style of proceedings in foreign court \_\_\_\_\_
- 2.02F Name of foreign court \_\_\_\_\_
- 2.02G Name of clerk of foreign court \_\_\_\_\_
- 2.02H Address \_\_\_\_\_
- 2.02I City, state or province, zip or postal code, and country \_\_\_\_\_
- 2.02J Foreign jurisdiction, for example, "Louisiana" or "Province of Quebec, Canada" \_\_\_\_\_
- 2.02K Will recording of a will previously probated elsewhere be sought? ☐ Yes ☐ No If yes, skip the remainder of this Section 2.0.
- 2.02L Will ancillary probate in Texas of a foreign will be sought? ☐ Yes ☐ No If yes, complete Items 2.45 through 2.64B and Item 2.85 and then skip to Item 2.130.
- 2.03 Is will **self-proved**? ☐ Yes ☐ No If yes, skip to Item 2.10. Complete Item 6.12 regardless of answer.
- 2.04 Is will **holographic**? ☐ Yes ☐ No If no, skip to Item 2.10. If yes, complete Item 6.11B and, if will is not attested, complete Items 2.05 through 2.08B for *two* people who can testify as to D's handwriting and signature. If proof is to be by testimony in open court, indicate by the letters "T/C"; if proof is to be by written deposition, indicate by the letters "T/D."

	(A)	(B)
2.05 Name	_____	_____
2.05A Dear	_____	_____
2.06 Address	_____	_____
2.07 City, state, zip	_____	_____
2.08 Phone number	_____	_____
2.08A Fax number	_____	_____
2.08B E-mail	_____	_____
2.09 (Reserved)		

- 2.10 Is will **attested by witnesses**? ☐ Yes ☐ No If yes, complete Item 6.11C and complete Items 2.11 through 2.15B for all **attesting witnesses**. If will is not self-proved, will attesting witness(es) be available to prove the will? ☐ Yes ☐ No If yes, indicate by the letter "T" the witness(es) who will prove the will. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D). If no, complete Items 2.05 through 2.08B for two witnesses who can testify as to D's handwriting and signature **and/or** Items 2.160 through 2.167 for two witnesses who can testify as to the handwriting and signature of an attesting witness **or** for at least one witness in each category, indicating by the letters "T/C" if proof is to be by testimony in open court and by the letters "T/D" if proof is to be by written deposition.

	(A)	(B)	(C)
2.11 Name	_____	_____	_____
2.12 Dear	_____	_____	_____
2.13 Address	_____	_____	_____
2.14 City, state, zip	_____	_____	_____
2.15 Phone number	_____	_____	_____
2.15A Fax number	_____	_____	_____
2.15B E-mail	_____	_____	_____

- 2.16 Did D leave a **codicil**? ☐ Yes ☐ No If no, skip to Item 2.27. If yes, complete Items 2.17 through 2.25B.

2.17 Date of D's codicil \_\_\_\_\_

- 2.18 Is codicil self-proved? ☐ Yes ☐ No If yes, skip to Item 2.20.

- 2.19 Is codicil holographic? ☐ Yes ☐ No If yes, and if codicil is not attested, complete Items 2.05 through 2.08B for two people who can testify as to D's handwriting and signature. If proof is to be by testimony in open court, indicate by the letters "T/C"; if proof is to be by written deposition, indicate by the letters "T/D."

- 2.20 Is codicil attested by witnesses? ☐ Yes ☐ No If yes, complete Items 2.21 through 2.25B for all **attesting witnesses**. If codicil is not self-proved, will attesting witness(es) be available to prove the codicil? ☐ Yes ☐ No If yes, indicate by the letter "T" the witness(es) who will prove the codicil. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D). If no, complete Items 2.05 through 2.08B for two witnesses who can testify as to D's handwriting and signature **and/or** Items 2.170 through 2.177 for two witnesses who can testify as to the handwriting and signature of an attesting witness **or** for at least one witness in each category, indicating by the letters "T/C" if proof is to be by testimony in open court and by the letters "T/D" if proof is to be by written deposition.

	(A)	(B)	(C)
2.21 Name	_____	_____	_____
2.22 Dear	_____	_____	_____
2.23 Address	_____	_____	_____
2.24 City, state, zip	_____	_____	_____
2.25 Phone number	_____	_____	_____

2.25A Fax number \_\_\_\_\_

2.25B E-mail \_\_\_\_\_

2.26 (Reserved)

2.27 Is there a need for administration of the estate? (There may be no need for administration (1) if D did not owe (or at the time of filing application, D's estate will not owe) any debts that are not secured by liens on real estate or (2) for some other reason.) ☐ Yes ☐ No If yes, muniment of title proceeding is not available. Skip Items 2.28 through 2.40B. If no, muniment of title proceeding is available, and one of the following alternatives should be indicated here and at Item 6.15:

A. No debts at all.

B. No debts except those secured by liens on real estate.

C. Other reason there is no necessity for administration: \_\_\_\_\_

2.28 Is D's will to be filed as a **muniment of title** only? ☐ Yes ☐ No If no, skip to Item 2.41. If yes, complete Items 2.29 through 2.40B plus Item 2.140 concerning the person who will be the applicant, and skip Items 2.41 through 2.64B.

2.29 Name \_\_\_\_\_

2.30 Dear \_\_\_\_\_

2.31 Address \_\_\_\_\_

2.32 City, state, zip \_\_\_\_\_

2.33 County of domicile \_\_\_\_\_

2.34 Phone number \_\_\_\_\_

2.34A Fax number \_\_\_\_\_

2.34B E-mail \_\_\_\_\_

2.34C Driver's license number \_\_\_\_\_

2.34D Social Security number \_\_\_\_\_

2.35 Can the applicant named in Item 2.29 also testify as to lack of debts or other reason administration is not necessary? ☐ Yes ☐ No If no, complete Items 2.36 through 2.40B for the person who can. Is this the same person described in Item 3.83? ☐ Yes ☐ No

2.36 Name \_\_\_\_\_

2.37 Dear \_\_\_\_\_

2.38 Address \_\_\_\_\_

2.39 City, state, zip \_\_\_\_\_

2.40 Phone number \_\_\_\_\_

2.40A Fax number \_\_\_\_\_

2.40B E-mail \_\_\_\_\_

- 2.41 If will is not to be filed as a muniment of title, does D's will name an executor? ☐ Yes ☐ No If yes, complete Items 2.42 through 2.44A for each executor named. If no, skip to Item 2.44B.
- 2.42 Is any executor named in the will deceased; unable, unwilling, or unqualified to act as such; or waiving and renouncing the right to letters? ☐ Yes ☐ No
- 2.43 Name \_\_\_\_\_
- 2.44 Relationship to D \_\_\_\_\_
- 2.44A Deceased? ☐ Yes ☐ No Able to serve? ☐ Yes ☐ No Willing to serve? ☐ Yes ☐ No Qualified to serve? ☐ Yes ☐ No Waiving and renouncing rights to letters? ☐ Yes ☐ No Filing affidavit of inability or unwillingness to serve? ☐ Yes ☐ No
- 2.44B Does D's will grant someone **authority to designate** an administrator? ☐ Yes ☐ No If yes, complete Items 2.44C through 2.44K for the person granted authority and Items 2.44L through 2.44N for the designation.
- 2.44C Name \_\_\_\_\_
- 2.44D Dear \_\_\_\_\_
- 2.44E Address \_\_\_\_\_
- 2.44F City, state, zip \_\_\_\_\_
- 2.44G Phone number \_\_\_\_\_
- 2.44H Fax number \_\_\_\_\_
- 2.44I E-mail \_\_\_\_\_
- 2.44J Name, office, and/or function by which identified in the will: \_\_\_\_\_
- 2.44K Deceased? ☐ Yes ☐ No Willing and able to designate? ☐ Yes ☐ No
- 2.44L Designation of administrator ☐ Has been made ☐ Will be made ☐ Will not be made
- 2.44M Name of designated administrator \_\_\_\_\_
- 2.44N Deceased? ☐ Yes ☐ No Disqualified? ☐ Yes ☐ No Refuses to serve? ☐ Yes ☐ No

If an executor named in the will or a designated administrator will serve, complete Items 2.45 through 2.60 for the person(s) or corporate fiduciary who will serve as primary executor(s) or administrator(s), listing individuals first and corporate fiduciaries second.

- |      | (A)                     | (B)   |
|------|-------------------------|-------|
| 2.45 | Name _____              | _____ |
| 2.46 | Dear _____              | _____ |
| 2.47 | Address _____           | _____ |
| 2.48 | City, state, zip _____  | _____ |
| 2.49 | Phone number _____      | _____ |
| 2.50 | Relationship to D _____ | _____ |

- 2.51 Social Security or employer ID number \_\_\_\_\_
- 2.51A Driver's license number \_\_\_\_\_
- 2.52 County of domicile \_\_\_\_\_
- 2.53 Fax number \_\_\_\_\_
- 2.53A E-mail \_\_\_\_\_
- 2.54 If a corporate fiduciary, check type of entity ☐ Bank ☐ Trust Company ☐ Bank ☐ Trust Company
- 2.55 Independent executor or administrator? ☐ Yes ☐ No ☐ Yes ☐ No
- 2.56 Qualified? ☐ Yes ☐ No ☐ Yes ☐ No
- 2.57 Bond required? ☐ Yes ☐ No ☐ Yes ☐ No
- 2.58 Where will oath be signed? ☐ Court ☐ Notary ☐ Court ☐ Notary
- 2.59 (Reserved)
- 2.60 Was a corporate fiduciary named or designated as the primary executor or administrator? ☐ Yes ☐ No  
If no, skip to Item 2.65. If yes, complete Items 2.61 through 2.64B.
- 2.61 Name of responsible officer \_\_\_\_\_
- 2.62 Dear \_\_\_\_\_
- 2.63 Title \_\_\_\_\_
- 2.64 Direct phone number \_\_\_\_\_
- 2.64A Direct fax number \_\_\_\_\_
- 2.64B E-mail \_\_\_\_\_
- 2.65 Does D's will provide for alternate executors or administrators or for trustees or for guardians? ☐ Yes ☐ No  
If no, skip to Item 2.85. If yes, complete Items 2.66 through 2.72.

	1st Alternate Executor/ Administrator (A)	Primary Trustee (B)	Primary Guardian (C)
2.66 Name	_____	_____	_____
2.67 Address	_____	_____	_____
2.68 City, state, zip	_____	_____	_____
2.69 Phone number	_____	_____	_____

2.69A Fax number \_\_\_\_\_

2.69B E-mail \_\_\_\_\_

2.70 Relationship to D \_\_\_\_\_

2.71 Social Security or  
employer ID  
number \_\_\_\_\_

2.71A Driver's license  
number \_\_\_\_\_

2.72 County of  
domicile \_\_\_\_\_

2.73 Is a **temporary dependent administration** necessary? ☐ Yes ☐ No If no, continue to Item 2.74. If yes, complete Items 2.76 through 2.85.

2.74 If D died **without a will**, is an **administration necessary**? ☐ Yes ☐ No If no, skip to Item 2.85. If yes, answer Item 2.75.

2.75 Will there be an **independent administration by agreement**? ☐ Yes ☐ No If no, complete Items 2.76 through 2.85. If yes, complete Items 2.45 through 2.60 above for the person(s) or corporate fiduciary who will serve as independent administrator(s), listing individuals first and corporate fiduciaries second, and complete Item 2.85.

2.76 Name of applicant \_\_\_\_\_

2.77 Dear \_\_\_\_\_

2.78 Address \_\_\_\_\_

2.79 City, state, zip \_\_\_\_\_

2.80 Phone number \_\_\_\_\_

2.81 County of residence \_\_\_\_\_

2.82 Relationship to D \_\_\_\_\_

2.83 Social Security number \_\_\_\_\_

2.83A Driver's license number \_\_\_\_\_

2.84 Fax number \_\_\_\_\_

2.84A E-mail \_\_\_\_\_

2.85 Which of the following is the title of D's personal representative?

☐ A. None ☐ B. Independent Executor ☐ C. Administrator ☐ D. Executor ☐ E. Administrator with Will Annexed ☐ F. Temporary Administrator ☐ G. Independent Administrator ☐ H. Independent Administrator with Will Annexed ☐ I. Other \_\_\_\_\_

2.86 - 2.88 (Reserved)

2.89 If D had a will, is this to be an **administration with will annexed (AWA)** or an **independent administration with will annexed by agreement (TBA)**? ☐ Yes ☐ No If no, skip to Item 2.100. If yes, complete Items 2.45 through 2.60 above for the person(s) or corporate fiduciary who will serve as (inde-

pendent) administrator(s) with will annexed, listing individuals first and corporate fiduciaries second, and complete Item 2.85.

2.90 (Reserved)

2.91 Name of applicant \_\_\_\_\_

2.92 Dear \_\_\_\_\_

2.93 Address \_\_\_\_\_

2.94 City, state, zip \_\_\_\_\_

2.95 Phone number \_\_\_\_\_

2.96 Relationship to D \_\_\_\_\_

2.97 Social Security number \_\_\_\_\_

2.97A Driver's license number \_\_\_\_\_

2.98 County of residence \_\_\_\_\_

2.99 Fax number \_\_\_\_\_

2.99A E-mail \_\_\_\_\_

2.100 Is this to be a **proceeding to declare heirship**? ☐ Yes ☐ No If no, skip to Item 2.115. If yes, complete Items 2.101 through 2.109.

2.101 Name of applicant \_\_\_\_\_

2.102 Dear \_\_\_\_\_

2.103 Address \_\_\_\_\_

2.104 City, state, zip \_\_\_\_\_

2.105 Phone number \_\_\_\_\_

2.105A Fax number \_\_\_\_\_

2.105B E-mail \_\_\_\_\_

2.106 Relationship to D \_\_\_\_\_

2.107 Social Security number \_\_\_\_\_

2.107A Driver's license number \_\_\_\_\_

2.108 County of residence \_\_\_\_\_

2.109 Share of D's estate \_\_\_\_\_

2.110 - 2.114 (Reserved)

2.115 Is this to be a **small estate proceeding**? ☐ Yes ☐ No If no, skip to Item 2.125. If yes, complete Items 2.116 through 2.124.

2.116 Name of applicant \_\_\_\_\_

- 2.117 Dear \_\_\_\_\_
- 2.118 Address \_\_\_\_\_
- 2.119 City, state, zip \_\_\_\_\_
- 2.120 Phone number \_\_\_\_\_
- 2.120A Fax number \_\_\_\_\_
- 2.120B E-mail \_\_\_\_\_
- 2.121 Relationship to D \_\_\_\_\_
- 2.122 Social Security number \_\_\_\_\_
- 2.122A Driver's license number \_\_\_\_\_
- 2.123 County of residence \_\_\_\_\_
- 2.124 Share of D's estate \_\_\_\_\_
- 2.125 Is this to be an **affidavit of heirship**? ☐ Yes ☐ No If no, go back to the Probate Pathfinder (Worksheet 1) and start over. If yes, complete Items 2.126 through 2.126H and Items 2.180 through 2.188.
- 2.126 Name of affiant \_\_\_\_\_
- 2.126A Dear \_\_\_\_\_
- 2.126B Address \_\_\_\_\_
- 2.126C City, state, zip \_\_\_\_\_
- 2.126D Phone number \_\_\_\_\_
- 2.126E Fax number \_\_\_\_\_
- 2.126F E-mail \_\_\_\_\_
- 2.126G Relationship to D \_\_\_\_\_
- 2.126H Knew D how many years? \_\_\_\_\_
- 2.127 - 2.129 (Reserved)
- 2.130 Does D's will or codicil provide for a gift to D's surviving spouse of "qualified terminable interest property (**Q-TIP**)"? ☐ Yes ☐ No If yes, complete Items 2.131 and 2.132.
- 2.131 Description and value of those assets \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2.132 Will D's executor or administrator make the irrevocable election to deduct the value of this gift? ☐ Yes  
☐ No
- 2.133 If D's will or codicil is dated prior to September 13, 1981, and provides for a "maximum marital deduc-



tion" gift under the "transitional rule" of the Economic Recovery Tax Act of 1981, give details \_\_\_\_\_

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- 2.134 Will D's surviving spouse receive other benefits that qualify for a marital deduction (either outright or in trust)? ☐ Yes ☐ No If yes, give details, including description and value \_\_\_\_\_

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- 2.135 Is there anyone whose life expectancy may affect the value of the residuary interest passing to D's surviving spouse? ☐ Yes ☐ No If yes, give details, including name, date of birth, and sex of each person \_\_\_\_\_

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- 2.136 Does D's will create a charitable remainder trust? ☐ Yes ☐ No If yes, give details, including whether or not trust will be treated as a nondeductible terminable interest \_\_\_\_\_

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- 2.137 Will there be an "election out" of Q-TIP treatment for any joint and survivor annuities? ☐ Yes ☐ No If yes, give details \_\_\_\_\_

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- 2.138 Approximate value of all items qualifying for the marital deduction \_\_\_\_\_

- 2.139 (Reserved)

- 2.140 Name and Social Security number of person who will sign federal estate tax return in a muniment of title proceeding \_\_\_\_\_

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- 2.141 Name of lawyer designated to handle D's trust, escrow, or IOLTA account \_\_\_\_\_

- 2.142 Address \_\_\_\_\_

- 2.143 City, state, zip \_\_\_\_\_

- 2.144 Phone number \_\_\_\_\_

- 2.145 Fax number \_\_\_\_\_

- 2.146 E-mail \_\_\_\_\_

2.147 State Bar card number \_\_\_\_\_

2.148 - 2.159 (Reserved)

See Item 2.10. If appropriate, complete Items 2.160 through 2.167 for witness(es) who can testify as to the handwriting and signature of an attesting witness to will. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D).

	(A)	(B)
2.160 Name	_____	_____
2.161 Dear	_____	_____
2.162 Address	_____	_____
2.163 City, state, zip	_____	_____
2.164 Phone number	_____	_____
2.165 Fax number	_____	_____
2.166 E-mail	_____	_____
2.167 Name of attesting witness	_____	_____

2.168 - 2.169 (Reserved)

See Item 2.20. If appropriate, complete Items 2.170 through 2.177 for witness(es) who can testify as to the handwriting and signature of an attesting witness to codicil. If proof is to be by testimony in open court, indicate by the letter "C"; if proof is to be by written deposition, indicate by the letter "D" (e.g., T/C or T/D).

	(A)	(B)
2.170 Name	_____	_____
2.171 Dear	_____	_____
2.172 Address	_____	_____
2.173 City, state, zip	_____	_____
2.174 Phone number	_____	_____
2.175 Fax number	_____	_____
2.176 E-mail	_____	_____
2.177 Name of attesting witness	_____	_____

2.178 - 2.179 (Reserved)

See Item 2.125. If appropriate, complete Items 2.180 through 2.188 for two witnesses who can swear to the family history and facts of heirship of D. It is preferable to have one witness who knew D for at least fifteen years and another witness who knew D for at least twenty-five years.

	(A)	(B)
2.180 Name	_____	_____
2.181 Dear	_____	_____
2.182 Address	_____	_____
2.183 City, state, zip	_____	_____
2.184 Phone number	_____	_____
2.185 Fax number	_____	_____
2.186 E-mail	_____	_____
2.187 Relationship to D	_____	_____
2.188 Knew D how many years?	_____	_____