

21.0 DEBTS AND CLAIMS

21.01 At date of death, did D owe any income taxes, debts, accrued utility charges, outstanding but unpaid charge purchases, support obligations, or charitable pledges, or had D guaranteed debts or loans of another? Yes No If no, skip the rest of this Section 21.0.

21.02 Will D owe income taxes for income in year of death or prior years? Yes No If yes, list below as a debt.

21.03 Does D have an obligation to pay support to a former spouse or children that continues beyond D’s death and is binding on D’s estate? Yes No If yes, list below as a debt.

21.04 Was D a guarantor of loan(s) made to others? Yes No If yes, give details, including identity and financial status of principal debtor and description of collateral pledged by D _____

21.05 List all debts owed by D at date of death. If none, see Item 6.15. Be sure to include here those amounts shown at Item 26.10 and Items 26.41 through 26.52. Regardless, list all debit and credit cards, even those with a zero balance.

Write “S” in left margin if debt is secured by lien on any collateral and list that collateral, referring to the item number in this MIL.

Write “NPL” in left margin if D was not personally liable for the payment of the debt.

Write “D” in left margin if debt is (a) business expense, (b) taxes, (c) alimony, (d) an expense for the production of income, (e) an expense for the maintenance of income-producing property, or (f) an expense for determining any tax liability.

If the debt is for the unpaid purchase price of any asset, provide a cross-reference to that asset, referring to the item number in this MIL.

Do not reduce the amount of the debt or claim by 1/2 if it was a community debt, but include the full amount. Attach separate sheets for additional items.

	Name and Address of Creditor or Charity and D’s Account Number	Note or Account	Separate or Community	Amount of Debt or Pledge	Accrued Interest at D’s Death
21.06	_____				

	_____	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> S <input type="checkbox"/> C	_____	_____
21.07	_____				

	_____	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> S <input type="checkbox"/> C	_____	_____

21.08 _____

N A S C _____

21.09 _____

N A S C _____

21.10 _____

N A S C _____

21.11 _____

N A S C _____

21.12 _____

N A S C _____

21.13 _____

N A S C _____

21.14 _____

N A S C _____

21.15 Are any of these debts barred by applicable statute of limitations or statute of frauds? Yes No
 If yes, give details _____

21.16 Are any of these liabilities only contingent liabilities? Yes No If yes, give details _____

21.17 (Reserved)

21.18 Will all debts other than those secured by liens on real estate be paid before filing of the will for probate?
 Yes No If yes, see Item 6.15.

Complete Items 21.19 through 21.25 for **newspaper** in which notices and/or citations are to be published.

21.19 Name _____

21.20 Address _____

21.21 City, state, zip _____

21.22 Phone number _____

21.23 Publication deadline _____

21.24 Date of publication _____

21.25 County of publication _____

21.26 Did D have accidental death benefits from credit card companies (e.g., American Express) or travel clubs? Yes No If yes, complete Section 13.0 for benefits from each company.

21.27 Did D have preauthorized drafts (e.g., to pay insurance premiums) that were automatically withdrawn from D's checking accounts? Yes No If yes, give details _____

21.28 If any debts are disputed, contested, or the subject of litigation, give details _____

21.29 For all notes payable, give details, including name of payee, face and unpaid balance at date of D's death, date and term of note, interest rate, date to which interest was paid before death, accrued interest on date of D's death, and exact nature of the claim _____

21.30 If D is liable for debts of another (by guaranty, joint and several liability, or otherwise), give details, including name and financial responsibility of co-obligor _____

21.31 Did the community estate of D and D’s spouse have a claim for reimbursement against D’s separate estate? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.32 Did D’s spouse’s separate estate have a claim for reimbursement against the community estate of D and D’s spouse? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.33 Did D’s spouse’s separate estate have a claim for reimbursement against D’s separate estate? Yes No If yes, give details and enter description (in format to be used on probate documents or estate tax return) _____

21.34 Did D apply for and receive Medicaid benefits on or after March 1, 2005? Yes No If yes, complete Item 21.35.

21.35 Has Texas Department of Aging and Disability Services waived any claim against D’s estate under MERP? Yes No If no, complete Item 21.36.

21.36 Amount of MERP claim _____