

3.0 D'S FAMILY AND DEVISEES

3.01 D's marital status at death:

- Never married
- Married
- Divorced or marriage otherwise dissolved
- Legally separated
- Pending dissolution
- Widow
- Widower

3.01A Total times D was married _____

If D was never married, skip to Item 3.35.

3.02 If D was not married at death, skip to Item 3.20. If D was married at death, complete Items 3.03 through 3.19 for D's surviving spouse (including spouse from whom legally separated or involved in pending divorce or other dissolution).

3.03 Name _____

3.04 Address _____

3.05 City, state, zip _____

3.06 Phone number _____

3.06A Fax number _____

3.06B E-mail _____

3.06C Dear _____

3.07 Social Security number _____

3.07A Driver's license number _____

3.08 Highest income tax bracket _____

3.09 Date of birth _____

3.09A Place of birth _____

3.10 Date of this marriage _____

3.11 Place of this marriage _____

3.12 D's domicile at time of this marriage _____

3.13 Date of establishing Texas domicile for D _____; for D's spouse _____

If not Texas residents throughout marriage, give details, including dates and places of other residences

3.13A Was spouse a U.S. citizen? Yes No If no, of what country is spouse a citizen? _____

3.13B Was spouse a naturalized citizen? Yes No If yes, when did spouse acquire citizenship? _____

In which country is spouse's habitual residence? _____

Country issuing spouse's passport if not U.S. _____

3.14 Share of D's estate by percentage and value and give details _____

3.15 Sex of spouse: Male Female

3.16 Was spouse pregnant on date of D's death? Yes No If yes, give details _____

3.17 Was there a marital property agreement involving D and D's spouse? Yes No

3.18 Will spouse disclaim any interest in D's estate? Yes No If yes, give details _____

3.19 Will any property pass to spouse as the result of a qualified disclaimer? Yes No If yes, give details _____

3.20 Had a marriage of D ever been dissolved by divorce, annulment, or a declaration that the marriage was void? Yes No If no, skip to Item 3.29. If yes, complete Items 3.21 through 3.28 for each dissolved marriage:

(A)

(B)

3.21 Name of spouse _____

3.22 Sex of spouse Male Female Male Female

3.23 Social Security number _____

3.24 Date of marriage to D _____

3.25 Type of dissolution proceeding _____

3.25A Date of court order dissolving marriage _____

3.25B Is this date later than date of D's will (2.02)? Yes No Yes No

3.26 Place of proceeding _____

3.27 Was D obligated to make support or alimony payments to any of these former spouses? Yes No Yes No

If yes, indicate which one(s) and obtain copies of relevant documents. _____

3.28 Was D receiving any support or alimony payments from any of these former spouses? Yes No Yes No

If yes, indicate which one(s) and obtain copies of relevant documents. _____

3.29 Did any of D's spouses die during marriage to D? Yes No If no, skip to Item 3.35. If yes, complete Items 3.30 through 3.34 for each such spouse.

(A)

(B)

3.30 Name of spouse _____

3.30A Sex of spouse Male Female Male Female

3.31 Social Security number _____

3.32 Date of marriage to D _____

3.33 Date of death _____

3.34 Probate docket no., name of court, etc. _____

3.35 Did D ever have or adopt children? Yes No If no, skip to Item 3.53.

3.36 If yes, state total number including deceased children _____ and how many survived D _____. Complete Items 3.37 through 3.52 for each child and indicate the identity of the other parent by referring

to Items 3.03, 3.21, and 3.30 as applicable.

(Attach additional sheets if necessary.)

	(A)	(B)	(C)
3.37 Name	_____	_____	_____
3.37A Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.37B Date of death	_____	_____	_____
3.38 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.39 Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.39A Name of child's spouse	_____	_____	_____
3.40 Address	_____	_____	_____
3.41 City, state, zip	_____	_____	_____
3.41A Remaining with D's family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.41B Incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.42 Phone number	_____	_____	_____
3.42A Fax number	_____	_____	_____
3.42B E-mail	_____	_____	_____
3.43 Date of birth	_____	_____	_____
3.43A Minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.43B Child's (natural or other) guardian	_____	_____	_____
3.43C Dear	_____	_____	_____
3.44 Place of birth	_____	_____	_____
3.45 Social Security number	_____	_____	_____
3.45A Driver's license number	_____	_____	_____
3.46 Highest income tax bracket	_____	_____	_____
3.47 Natural/adopted	_____	_____	_____
3.48 Share of D's estate by percentage and value and give details	_____ _____	_____ _____	_____ _____

3.49 Did this child have a living parent at D's death? Yes No Yes No Yes No

3.50 Will any property pass to this child as a result of a qualified disclaimer? Yes No Yes No Yes No

3.51 Were any of the children born or adopted after the date of D's will or codicil(s) (see Items 2.02, 2.17, and 6.13)? Yes No If yes, write their names here _____

3.52 If any children named in Item 3.51 survived D, write their names here _____

3.53 Does D's will provide for a gift to charity, the State of Texas, or a governmental agency of the State of Texas? Yes No If yes, state whether it was a specific bequest or payable out of the residue of D's estate _____

3.54 (Reserved)

3.55 Will any property pass to a charity, the State of Texas, or a governmental agency of the State of Texas as the result of a qualified disclaimer? Yes No

3.56 Description and value of gifts to charities, the State of Texas, or a governmental agency of the State of Texas, including the names, dates of birth, and sex of all life tenants and annuitants, the length of whose lives may affect the value of any such gift _____

3.57 Will persons or entities other than spouse and children (**including charities, the State of Texas, and a governmental agency of the State of Texas**) receive benefits from D either by will or codicil, insurance, or otherwise? Yes No If yes, complete Items 3.58 through 3.70 for each.

	(A)	(B)	(C)
3.58 Name	_____	_____	_____
3.59 Address	_____	_____	_____
3.60 City, state, zip	_____	_____	_____
3.61 Phone number	_____	_____	_____

3.61A Person to contact if not an individual _____

3.61B Dear _____

3.61C Type of entity if not an individual _____

3.61D Fax number _____

3.61E E-mail _____

3.62 Date of birth _____

3.63 Sex Male Female Male Female Male Female

3.64 Relationship to D _____

3.65 Social Security or employer ID number _____

3.65A Driver's license number _____

3.66 Highest income tax bracket _____

3.67 Name of person's spouse _____

3.68 Nature of benefit or share of D's estate and give details, including character of institution if a charity _____

3.69 Value of benefit (if to a charity, reduce by amount shown in Items 26.58 through 26.60) _____

3.70 Dependent of D? Yes No Yes No Yes No

3.71 Are there other heirs, relatives, or other parties interested in this estate? Yes No If yes, complete Items 3.72 through 3.82 for each.

	(A)	(B)	(C)
3.72	Name	_____	_____
3.73	Address	_____	_____
3.74	City, state, zip	_____	_____
3.75	Phone number	_____	_____
3.75A	Fax number	_____	_____
3.75B	E-mail	_____	_____
3.76	Date of birth	_____	_____
3.77	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3.78	Relationship to D	_____	_____
3.79	Social Security number	_____	_____
3.80	Highest income tax bracket	_____	_____
3.81	Name of spouse	_____	_____
3.82	Nature of interest or share of D's estate by percentage and value and give details	_____ _____	_____ _____

Complete Items 3.83(A) through 3.87B(A) for person, often applicant, who will testify to D's death, afterborn children, divorces or other marital dissolutions, venue facts, qualification of administrator or executor and, if applicable, lack of revocation of will. For muniment of title proceeding, see also Item 2.35. For proceeding to declare heirship, complete Items 3.83(B) through 3.87B(B) and 3.83(C) through 3.87B(C) for the two disinterested witnesses who must testify. For small estate proceeding, complete those items for both witnesses who will sign the affidavit.

	(A)	(B)	(C)
3.83	Name	_____	_____
3.84	Dear	_____	_____
3.85	Address	_____	_____
3.86	City, state, zip	_____	_____
3.87	Phone number	_____	_____
3.87A	Fax number	_____	_____
3.87B	E-mail	_____	_____

3.88 Did any heir or beneficiary die within five days (120 hours) after the time and date of D's death? Yes
 No If yes, give details and specify whether D's will contains provisions overriding this statutory survivorship requirement _____

3.89 Is any heir or beneficiary a minor or an incompetent? Yes No If yes, write "M" for minor or "I" for incompetent next to that person's name in Section 2.0 or 3.0 of this MIL and give details _____

3.90 Did any heir, devisee, or legatee (particularly those named in D's will) predecease D? Yes No
If yes, give details _____

