

COWART LAW OFFICES

TIM COWART, ATTORNEY AT LAW

1003 BERRY STREET
LLANO, TX 78643
TEL: (325) 247-5486

119 AVE G, STE. 101
MARBLE FALLS, TX 78654
TEL: (830) 798-1063



COWARTLAW@GMAIL.COM

FAX: (866) 418-4160

INITIAL INTAKE FORM

MUNIMENT OF TITLE – SMALL ESTATES – HEIRSHIPS

How did you hear about Cowart Law Office? _____

Date: _____

***THIS INFORMATION IS REQUIRED WITHOUT EXCEPTION**

***Legal Name:** _____ ***Maiden Name:** _____
Last First Middle

***Mailing Address:** _____
Street City State Zip Code

***Residential Address:** _____
Street City State Zip Code

***Primary Phone #:** _____ **Alt. Phone #:** _____

Work Phone #: _____ ***Email Address:** _____

I authorize text messages concerning my case to the following number: _____

I authorize emails concerning my case to the above email address. **Message and data rates may apply.*

I authorize calls regarding my case to the following number: _____

A.K.A. _____ ***DOB:** _____ M F

Place of birth: _____
City State County

***Social Security #:** _____ ***Driver's Lic. #:** _____ ***State:** _____

Place of Employment: _____ **Job title:** _____ **Annual Salary:** _____

Address of Employment: _____
Street City State Zip Code

Spouse's Name: _____ **Maiden:** _____ **DOB:** _____
Last First Middle

Address (if different than yours): _____
Street City State Zip Code

PERSON FINANCIALLY RESPONSIBLE:

Name: _____ **DOB:** _____ **Phone Number:** _____

Mailing Address: _____

Social Security #: _____ **Driver's Lic. #:** _____ **State:** _____

EMERGENCY CONTACT INFORMATION (other than self):

Name: _____ **Relationship to you:** _____

Address: _____

Primary Phone #: _____ **Alt. Phone #:** _____ **Work Phone #:** _____

MUNIMENT OF TITLE / SMALL ESTATES / HEIRSHIPS

CLIENT INFORMATION WORKSHEET

PART I - PERSONAL DATA

*Did Decedent receive *any* MEDICAID BENEFITS after March 1, 2005? YES / NO / UNKNOWN

*NAME of DECEDENT: _____

Alias Names (if any): _____

*Residential Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Date of Birth: _____

*Place of Birth (city/county/state): _____

*Date of Death: _____

*Place of Death (city/county/state): _____

*Social Security Number: _____

*Driver's License Number: _____

Was Decedent a U.S. citizen? Yes: ___ No: ___

If naturalized U.S. citizen, Date and Place of Naturalization: _____

Location of Will, if any: _____

Date of Will: _____

Location of Codicils, if any: _____

Date of Codicils: _____

*NAME of PERSONAL REPRESENTATIVE: _____

*Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Home #: _____

*Cell #: _____

Work #: _____

Fax #: _____

*E-mail: _____

*Social Security Number: _____

*Driver's License Number: _____

*Relationship to Decedent: _____

NAME of ALTERNATE REPRESENTATIVE: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home #: _____

Cell #: _____

Work #: _____

Fax #: _____

E-mail: _____

*Social Security Number: _____

*Driver's License Number: _____

Relationship to Decedent: _____

PART II - BENEFICIARIES or HEIRS AT LAW

***NAME of DECEDENT'S SPOUSE/DOMESTIC PARTNER:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

E-mail: _____

Date of Birth: _____

Social Security Number: _____

***Date and place of marriage/domestic partnership:** _____

***Status of Spouse:** ____ Living ____ Deceased If deceased, provide copy of death certificate.

***DECEDENT'S CHILDREN'S INFORMATION:**

*Name	* Living	*Birthdate	Married	*Address (city/state/zip)
_____	Yes/No	_____	Yes/No	_____
_____	Yes/No	_____	Yes/No	_____
_____	Yes/No	_____	Yes/No	_____
_____	Yes/No	_____	Yes/No	_____
_____	Yes/No	_____	Yes/No	_____

***For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner.**

DECEDENT'S OTHER DEPENDENTS, IF ANY:

Name	Birthdate	Address (city/state/zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please provide the following information regarding decedent's former marriages, if any:**

*Name of Decedent's former spouse	*Living	*Date of Death or Divorce	*County & State of Death or Divorce
	YES / NO		
	YES / NO		
	YES / NO		

PART IV - ASSETS

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____

Traveler's checks: _____

Money orders: _____

BANK ACCOUNTS

Name of Financial Institution	Account Title or Description	Account #	As of _____ Balance	Checking	Savings	M Mkt/CD
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**The "legal description" can be found on the Deed. A copy of the deed can be found at the County Clerk's Office in the county in which the property is in.*

*Street address: _____
*State/County of location: _____
*Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____

*Name of mortgage company and account number, if any: _____

*Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

LIFE INSURANCE:

Name of life insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOX:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

For Affidavits of Heirship or Small Estates Affidavits you must provide the following information for 2 disinterested witnesses:

-Disinterested witnesses are witnesses who have no financial interest in the estate.

Disinterested witness #1

Name: _____

Mailing Address: _____

Telephone No.: _____ Email: _____

Disinterested witness #2

Name: _____

Mailing Address: _____

Telephone No.: _____ Email: _____

BRING ALL APPLICABLE ITEMS BELOW TO YOUR CONSULT:

1. Prior and present Wills, and any codicils
2. Death certificate
3. Paid funeral bills
4. Trust instruments in which client is grantor, trustee, or beneficiary
5. Income tax return (most recent)
6. Gift tax returns (all)
7. Texas intangible tax return (most recent)
8. Financial statements prepared by accountant
9. Financial information submitted to lending institutions
10. Real and personal property tax bills
11. Deeds to property (copies of these can be obtained from the County Clerk's Office in the county the property is located, or you can check to see if the county has public property record access online by contacting that counties County Clerk office)
12. Mortgages (copy of mortgage note and/or current statement)
13. Vehicle titles
14. Copies of any bills and creditors' addresses
15. Government, municipal, and corporate bonds
16. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
17. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
18. Stockholder or partnership agreements
19. Pension and profit-sharing plans and summary of current benefits
20. Lease Agreements
21. Instruments under which client has any interest or power of appointment
22. Prenuptial, postnuptial, or separation agreements
23. Judgments of dissolution of any marriage of Decedent
24. Court orders or agreements under which client is obligated to provide support
25. Wills of other family members, if pertinent
26. List of any potential heirs and their contact information

DISCLOSURE

(EFFECTIVE JANUARY 1, 2025)

DURING YOUR CONSULTATION, THE SPECIFICS OF YOUR CASE WILL BE DISCUSSED AFTER WHICH AN APPROPRIATE RETAINER WILL BE QUOTED BY THE ATTORNEY. **OUR REPRESENTATION OF YOU DOES NOT COMMENCE UNTIL WE HAVE RECEIVED THE QUOTED RETAINER IN FULL, UNLESS OTHERWISE AGREED TO IN ADVANCE.** PLEASE KEEP IN MIND THAT THERE MAY BE TIME SENSITIVE RESPONSES REQUIRED TO INSURE THE BEST POSSIBLE OUTCOME IN YOUR CASE.

QUOTES AND AVAILABILITY FOR REPRESENTATION FOR THE CONSULTED MATTER ARE VALID FOR 30 DAYS FROM THE DATE OF THE INITIAL CONSULTATION.

THE INITIAL RETAINER, WHETHER HOURLY OR FLAT RATE, DOES NOT INCLUDE SERVICE FEES, CERTIFIED COPY FEES, PUBLICATION OR NOTICE FEES, AMICUS/AD LITEM FEES, MEDIATION, DEPOSITIONS, INVESTIGATIVE SERVICES, OR TRIAL UNLESS SPECIFIED AT THE TIME OF YOUR QUOTE. YOUR ATTORNEY WILL DISCUSS THESE MATTERS WITH YOU ON AN "AS-NEEDED" BASIS, AND A SUPPLEMENTAL RETAINER MAY BE REQUIRED.

RETAINERS ARE NON-REFUNDABLE. SHOULD ANY PORTION OF YOUR RETAINER NOT BE USED, THAT PORTION SHALL REMAIN AS A CREDIT ON YOUR ACCOUNT.

HOURLY RATES: CIVIL (CIVIL LITIGATION, FAMILY, AND SOME PROBATE MATTERS) ARE BILLED AT AN HOURLY RATE. LEGAL SERVICES ARE BILLED IN 6 MINUTE INCREMENTS AT THE FOLLOWING STANDARD RATES, EXCEPTING FLAT RATE SERVICES AND ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY:

ATTORNEY	\$300.00 PER HOUR
PARALEGAL	\$125.00 PER HOUR
LEGAL ASSISTANT	\$75.00 PER HOUR

CONVENIENCE FEE: THERE WILL BE A 3% CONVENIENCE FEE FOR ALL CREDIT CARD TRANSACTIONS. WE ALSO ACCEPT CASH OR CHECK WITH VALID IDENTIFICATION.

ELECTRONIC COMMUNICATIONS DIRECTLY WITH ATTORNEY ARE BILLED AT \$30.00 PER MESSAGE.

FLAT RATES: CRIMINAL AND SOME PROBATE MATTERS ARE BILLED AT A FLAT RATE.

CONVERSATIONS BETWEEN AN ATTORNEY AND CLIENT ARE PROTECTED BY LAW AND THE DISCIPLINARY RULES TO WHICH ATTORNEYS ARE SUBJECT TO, INCLUDING THE INITIAL CONSULTATION. NO ATTORNEY, NOR ANY EMPLOYEE OF THE ATTORNEY, CAN BE COMPELLED TO REVEAL ANY CONFIDENTIAL COMMUNICATIONS, EXCEPT IN ACCORDANCE WITH SECTION 261.101 OF THE TEXAS FAMILY CODE REGARDING CHILD ABUSE. IF THERE IS CAUSE TO BELIEVE THAT A CHILD HAS BEEN OR WILL BE ABUSED OR NEGLECTED OR THAT A CHILD IS A VICTIM OF AN OFFENSE UNDER 21.11 OF THE TEXAS PENAL CODE, THE ATTORNEY IS REQUIRED BY LAW TO MAKE A REPORT.

SIGNATURE

DATE