Please Bring **Original** Last Will and Testament to appointment or mail to:

Stanfield & Dupre, PLLC

1095 Evergreen Circle, Suite 200

The Woodlands, Texas 77380

DEC:	ECEDENT:	
	Name:	
	Date of Birth:	
	Date of Death:	
	Street Address:	
	City and State:	
	County:	
	County of Death:	
	Street Address:	
	City and State:	
	Social Security #:	
	Driver's License #:	
APPI	PPLICANT:	
	Name:	
	Phone #:	
	Email:	
	Street Address:	
	City and State:	
	Social Security #:	
	Driver's license #:	
	Relationship:	

Is there a Will?	☐ Original	☐ Copy	□Neither				
Please attach the Follow	v:						
The Las	t Will and Testamen	t of Decedent					
A copy	of the Decedent's De	eath Certificate					
A copy	of Applicant's and D	ecedent's Driv	er's License				
A copy	of Applicant's and D	ecedent's Soci	al Security Cards				
SPOUSE(S) OF DECEDE	ENT:						
Name:							
Phone #:							
Email:							
Street Address:							
City and State:							
Name:							
Phone #:							
Email:							
Street Address:							
City and State:							
CHILDREN OF DECEDENT:							
Child #1:							
Name:							
Phone Number:							
Email Address:							
Is the Child a minor	☐ Yes	□ No					
Was the child adopted	☐ Yes	□ No					

Child #2:			
Phone Number:			
Email Address:			
Is the Child a minor:	☐ Yes	□ No	
Was the child adopted	☐ Yes	□ No	
Child #3:			
Phone Number:			
Email Address:			
Is the Child a minor:	☐ Yes	□ No	
Was the child adopted	☐ Yes	□ No	

ASSETS:

(Please include approximate values)

1.	Non-retirement Plan Cash and Investments
2.	Real Estate
3.	Business Interests
4	T.C. T
4.	Life Insurance
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5.	Retirement plans
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