

Docket Date/Time: _____

Type of Probate: _____ D.O.D.

Cause No.: _____

In the Estate of _____ D.O.W.

Original Copy Holographic Bond Required: NO YES
 Self-Proved Not Self-Proved MERP/Medicaid Statement

4 years after decedent's death First Named Executor: _____

Applicant's Info: Address Last 3 digits DL# Last 3 digits SS#
 Registered Agent Required _____

Decedent's Info: Resident Last 3 digits DL# Last 3 digits SS#

- Original Will has been filed with Clerk
- Citation by Posting Requested (hearing date is after the posting return date)
- Waivers and/or Consents (if applicable):
- Citation (or waivers of citation) from Heirs if Will is a copy (TEC 258.002)
- Notice to Heirs if probate is 4 years after death of Decedent (TEC 258.051)

- Proposed Order:
- Unexecuted Proof Death and other Facts:
- Unexecuted Oath:

Unexecuted Statement of Witnesses (if applicable): Subscribing Handwriting/Signature
 Witness Name/Purpose of Testimony: _____
 Witness Name/Purpose of Testimony: _____
 Witness Name/Purpose of Testimony: _____

NOTES: _____

