



BRANDON COFIELD

PUBLIC PROBATE ADMINISTRATOR
HARRIS COUNTY

The Report of Estate, Assets, and Losses form shall only be submitted by a public officer or employee; a person in charge of a hospital, mental health facility, or board and care facility where the decedent passed away; or a funeral director in control of a decedent's remains.

Send completed form to: ccoprobfm@cco.hctx.net

REPORT OF ESTATE, ASSETS, & LOSSES

Today's Date: _____

Full Name of Decedent: _____

Social Security Number or Driver's License Number: _____

Decedent's Age: _____

Decedent's Sex: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Are you in possession of the Death Certificate? ☐ No ☐ Yes (Please attach)

DECEDENT'S RESIDENCE

Decedent's Full Address: _____

Type of Residence:

☐ Rental ☐ House ☐ Coop ☐ Condo ☐ Nursing Home ☐ Shelter ☐ Room

Is Decedent's residence subject to a lease or mortgage: ☐ No ☐ Yes (Please attach)

Are there keys to Decedent's residence: ☐ No ☐ Yes

Name and number of person(s) holding the keys to Decedent's residence:

HARRIS COUNTY PUBLIC PROBATE ADMINISTRATOR

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INFORMANT

Informant's Full Name: _____

Relationship to Deceased: _____

Informant's Email Address: _____

Informant's Phone Number: _____

ISSUES AFFECTING DECEDENT'S ESTATE

Check all that apply:

- ☐ Foreclosure Pending ☐ Estate Abandoned ☐ Burial Assistance ☐ Tax Deferral
☐ Disaster Relief ☐ Asset Collection ☐ Heirs' Property/Title ☐ No Known Heirs

BURIAL INFORMATION

Funeral Home: _____

Family Plot: _____

To whom was the body released: _____

Location of Remains: _____

Relationship to Decedent: _____

Date of Burial: _____

DECEDENT'S FAMILY HISTORY

Was Decedent ever married? ☐ No ☐ Yes

Did the Spouse survive Decedent? ☐ No ☐ Yes

Was Decedent divorced? ☐ No ☐ Yes

Was the Decedent separated? ☐ No ☐ Yes

Are there known heirs? ☐ No ☐ Yes

Are any of the known heirs living? ☐ No ☐ Yes

Provide the name and contact information for the following persons:

Spouse: _____

Children: _____

Parents: _____

Siblings: _____

Nephews/Nieces: _____

Uncles/Aunts: _____

First Cousins: _____

Did the Decedent have a Trust? ☐ No ☐ Yes (Please attach)

Did the Decedent have a Will? ☐ No ☐ Yes (Please attach)

Where is Decedent's Will located? _____

DECEDENT'S PROPERTY/ASSETS/BANKING INFORMATION

Details of Decedent's cash, bank accounts, and other personal property (ex: Jewelry):

Did Decedent own stocks or bonds? _____

Did Decedent have life insurance, retirement accounts, or pension benefits? ☐ No ☐ Yes

Did Decedent own a vehicle? ☐ No ☐ Yes

If yes, please provide details and locations:

Do you know of pending lawsuits in which Decedent was involved? ☐ No ☐ Yes

If yes, please provide details:

Do you know of any claims or debts against Decedent? ☐ No ☐ Yes

If yes, please identify the claim or debt:

Is there a Safe Deposit Box? ☐ No ☐ Yes

If yes, please provide location of Safe Deposit Box and key:

Is there personal property in the possession of Hospital/Police/Other? ☐ No ☐ Yes

If yes, please identify location:

Is there any other property and/or financial assets of the Decedent? ☐ No ☐ Yes

If yes, please provide person or place where property is located:

Do you have any property in your possession belonging to the Decedent? ☐ No ☐ Yes

If yes, please identify the property and how the property was obtained:

Do you know of any of Decedent's property in someone else's possession? ☐ No ☐ Yes

If yes, please identify the property and how the property was obtained:

Please provide names and contact information of any other person familiar with Decedent's family history:

Please email completed form and any supporting document(s) to:

ccoprobfm@cco.hctx.net