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PROOF OF DEATH AND OTHER FACTS
(INCLUDING QUALIFICATIONS OF APPLICANT)

On this day FIELD(Applicant) personally appeared, and after being duly sworn, deposed and said:

I.

FIELD(Principal), DecedentIFNOTBLANK(AliasP), also known as FIELD(AliasP), ENDIF (the "Decedent") died on FIELD(Date of Death), in FIELD(City of Death), FIELD(County of Death) County, FIELD(State of Death), at the age of FIELD(Age) years, and four years have not elapsed since the date of Decedent's death.

II.

Decedent was domiciled and had a fixed place of residence in this county at the time of death.IFBLANK(Date of Will)

III.

[FACTS RE HEIRSHIP]

IV.

I believe that I would have been in a position to know if the Decedent had ever been married other than to ‣SPOUSE◂ and to know if he had any children other than VARIABLE(vHisHerP) children with ‣SPOUSE◂. [It is my testimony that no marriage of the Decedent was ever dissolved whether by divorce, annulment, or a declaration that the marriage was

void.] No children have been born to, adopted by or taken in by the Decedent other than those stated in the above paragraph.

V.

To the best of my knowledge, the Decedent died without a will, there has been no administration of his estate, and he died owning real and personal property.

VI.

A necessity exists for administration of the estate, in that at least two debts are owed by the estate.ELSE

VII.

The document now shown to me and which purports to be the Decedent's will dated FIELD(Date of Will) was never revoked so far as I know.

VIII.

No child was born to or adopted by the Decedent after the making of the will.

IX.

IFBLANK(Divorces)No marriage of the Decedent was ever dissolved after the will was made, whether by divorce, annulment, or a declaration that the marriage was voidELSE The Decedent's marriage to FIELD(Divorces)[NAME] was dissolved [WHEN]FIELD(Divorces) ENDIF .

X.

IF(VARIABLE(vMuniment))I have full personal knowledge of the financial affairs of the Decedent. There are no unpaid debts owing by the estate of the Decedent, excluding

debts secured by liens on real estate, and there is no necessity for administration upon the estate. The Decedent did not apply for and receive Medicaid benefits on or after March 1, 2005.ELSE There are debts owed by or real estate assets in the Decedent's estate, which require that VARIABLE(vHisHerP) estate be administered.

XI.

IFNOTBLANK(OriginalExecutor)Decedent's will named FIELD(OriginalExecutor) to serve without bond or other security as Independent Executor. FIELD(OriginalExecutor) [died on [DATE] / has declined to serve as Independent Executor, and has filed a waiver with the court to that effect].ENDIF The Decedent's will named FIELD(Applicant) to serve without bond or other security as IFNOTBLANK(OriginalExecutor)alternate ENDIF FIELD(PRTitle). The IFNOTBLANK(OriginalExecutor)alternate ENDIF FIELD(PRTitle) named in the will is not disqualified by law from accepting letters testamentary or from serving as such, and is entitled to such letters. ENDIF ENDIF

XII.

IFBLANK(Charities)Neither Texas, nor any governmental agency of Texas, nor any charitable organization is named in the will as a devisee.ELSE The following are named in the will as devisees: FIELD(Charities).ENDIF

XIII.

Qualifications of Applicant

(a) I am not now nor have I ever been declared incapacitated by a Court of Law.

(b) I have not been convicted under the laws of the United States or of any state

of the United States of a felony offense.

(c) IF(VARIABLE(vResident))I am a resident of the State of TexasELSE I have filed an Appointment of Resident Agent to accept service of process in all actions or proceedings with respect to the above referenced estateENDIF .

(d) I have not been convicted of a crime of moral turpitude at any level.

(e) I am Qualified and Not Disqualified to serve as IFBLANK(Date of Will) AdministratorELSE ExecutorENDIF of the estate referenced above. I am not disqualified by law from accepting letters IFBLANK(Date of Will)of administrationELSE testamentaryENDIF for an estate.

XIV.

I have read the Application for IFBLANK(Date of Will)AdministrationELSE Probate of Will Produced in Court IF(VARIABLE(vMuniment))as a Muniment of TitleELSE and for Letters TestamentaryENDIF ENDIF filed in this proceeding, and all the allegations in it are true, to the best of my knowledge and belief.

IF(VARIABLE(vOneStep))ELSE EMBEDMACRO(MergeFileType (Form!) PowerBarShow (On!))ENDIF **SIGNED** on this the IF(VARIABLE(vOneStep))VARIABLE(vDay)VARIABLE(vOrdinal) day of VARIABLE(vMonth), VARIABLE(vYear)ELSE MRGCMND(VARIABLE(vDay)VARIABLE(vOrdinal) day of VARIABLE(vMonth), VARIABLE(vYear))ENDIF .

_____
FIELD(Applicant), Affiant
FIELD(AddressA)IFNOTBLANK(CityStateZipA)
FIELD(CityStateZipA)ENDIF

SUBSCRIBED AND SWORN TO BEFORE ME by FIELD(Applicant) on this IF(VARIABLE(vOneStep))VARIABLE(vDay)VARIABLE(vOrdinal) day of VARIABLE(vMonth), VARIABLE(vYear)ELSE MRGCMND(VARIABLE(vDay)VARIABLE(vOrdinal) day of VARIABLE(

vMonth), VARIABLE(vYear))ENDIF , to certify which witness my hand.

_____

J U D G E P R E S I D I N G