

Estate Planning Information

Please complete this questionnaire and bring it with you for your initial consultation with us. Of course, this information will be kept in strictest confidence.

I. Personal and Family Data

A. Husband and Wife.

Husband's Name: _____
(First) (Middle) (Last)

Wife's Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street Name and Number)

(City) (State) (Zip)

County in Which You Live: _____

Telephone: _____
(Home) (Husband's Business) (Wife's Business)

Email: _____

Husband's Social Security Number: _____ Date of Birth: _____

Wife's Social Security Number: _____ Date of Birth: _____

Date of your Marriage: _____ Place: _____

Are both of you U.S. Citizens? _____

B. Children [This Marriage]. (Use additional page if necessary)

	Name	Birth Date	Sex
1.	_____	_____	M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

2. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

3. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

4. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

C. Child [If Any from Prior Marriage]. (Use additional page if necessary)

Husband's Children (prior marriage):

1. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

2. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

Wife's Children (prior marriage):

1. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

2. _____ M F

Home Address: _____
(Street Name and Number) (City) (State) (Zip)

Are any of your children adopted? _____

If there are any special circumstances for a child or grandchild (health status, special education requirements, etc.), please provide the name of the child and the situation.

Do either of you have any obligations under a property settlement agreement or child support agreement deriving from a prior marriage?

Have you and your spouse lived in Texas since your marriage? If not, when did you move to Texas and from where?

Do you own any property located outside of Texas? If so, please describe.

Have you and your spouse entered into any kind of pre-marital or marital property agreement? If so, please provide us a copy.

II. Financial Data

Below, please indicate (i) where any assets were owned by either spouse before marriage or acquired thereafter by gift or inheritance and (ii) the name(s) in which bank accounts, certificates of deposit and securities are registered.

A. Assets.

	<i>Approximate Value</i>	
1.	Average cash balance (including savings, certificate of deposit, etc.)	\$ _____
2.	Securities (stocks, bonds, mutual funds, etc.)	\$ _____
3.	Residence (Description)	
	_____ Value	\$ _____
	Less Mortgage	\$ _____
	Equity	\$ _____
4.	Other Real Estate (Description)	
a.	_____ Value	\$ _____
	Less Mortgage	\$ _____
	Equity	\$ _____
b.	_____ Value	\$ _____
	Less Mortgage	\$ _____
	Equity	\$ _____
c.	_____ Value	\$ _____
	Less Mortgage	\$ _____
	Equity	\$ _____

5. Autos, Boats or Planes

Value	Less Mortgage	Net Equity	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Livestock

\$ _____

7. Other Assets, including unusually valuable household furnishings, etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Life Insurance on life of Husband

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

9. Life Insurance on life of Wife

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

Insurance Company _____
 Policy Number _____ Face Amount of Policy _____
 Primary Beneficiary _____ Contingent Beneficiary _____
 Date of Issue _____ Owner _____

10. Employment Benefits. Please indicate in left column whether the benefits result from Husband's employment (H) or Wife's employment (W).

			Value, if known	Beneficiary
H	W	Pension or Profit Sharing Plan	_____	_____
H	W	Pension or Profit Sharing Plan	_____	_____
H	W	IRA	_____	_____
H	W	IRA	_____	_____

Other (described) such as government disability, retirement pay, teacher's retirement, stock options, etc.

Manner in which such payments are to be made (i.e., lump sum, annuity, etc.)

11. Inheritances. If either Husband or Wife owns inherited property not previously listed, or expects to inherit any property, please give a general description, source and approximate value.

12. Beneficial Interests. If Husband, Wife, or a child is a beneficiary of any trust, has any power or trusteeship position with respect to any trust, has created a trust, or has any life estate in any property, please give a general description of circumstances and approximate value.

13. Other Business Interests (partnerships, proprietorships, closely held corporations). Please supply general information relating to ownership, nature and value of business and any plans or arrangements relating to disposition of the interest of a deceased owner, such as stock purchase or buy-sell agreements.

14. Do you own stock in an S corporation? Please give a general description.

15. Gifts. If either Husband or Wife has at any time made gifts other than customary Christmas, birthday or holiday gifts, and if any such gifts were in significant amounts (in excess of \$10,000 for example) please indicate the dates, recipients and values of such gifts, the general nature of the

3. Any specific bequests?

4. If your wife does **not** survive you, whom do you want to receive your property?

5. If your children or grandchildren receive your property, should it be held in trust?
 Yes No Unit what age? _____

6. If neither your wife nor your children survive you, whom do you want to receive your property?

B. Wife: Whom do you want to receive your property after your death?

1. If your husband survives you, do you want him to receive all of your property?
 Yes No

2. If not, who?

3. Any specific bequests?

4. If your husband does **not** survive you, whom do you want to receive your property?

5. If your children or grandchildren receive your property, should it be held in trust?
 Yes No Unit what age? _____

6. If neither your husband nor your children survive you, whom do you want to receive your property?

IV. Selection of Representatives

Think carefully about the people (or bank) whom you want to serve as trustees, guardians, and executors. Below is a brief, simplified explanation of these three terms.

- A **Trustee** is a person or bank that holds property for the benefit of others (the “beneficiary” of the trust). In most cases, clients choose to be Trustees of their own trusts until their death or incompetence.
- An **Executor** is the person or bank named in a Will to collect the deceased person’s assets, to see that the deceased person’s debts, including taxes, are paid, and to see that any remaining property goes to the persons named in the Will. Think of the Executor as the business manager of the estate.
- A **Guardian** looks after the personal care and custody of a child below age 18 (a “minor”). Guardianships last only so long as the child is below age 18. In the absence of this clause in the Will, the probate court will select the guardian.

You can name the same person to be Executor, Trustee, and Guardian, or you can divide the positions among several people on the basis of their qualifications. You should also select alternates for each position, in case your first choice dies or is unable to serve for any reason. These people will serve without bond (to save cost) unless you indicate otherwise. Therefore, the people you choose should be trustworthy.

Name the person or the Bank that you wish to serve in the following capacity:

A. Husband’s Will.

Executor

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Alternate Executor (if the first Executor cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Guardian (if you have minor children)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Alternate Guardian (if the first Guardian cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

B. Wife's Will.

Executor

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Alternate Executor (if the first Executor cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Guardian (if you have minor children)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Alternate Guardian (if the first Guardian cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

C. Revocable Trust. (If desired)

Trustee

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Alternate Trustee (if the first Trustee cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

Second Alternate (if the alternate Trustee cannot serve)

<i>Name</i>	<i>Relationship</i>	<i>Address (City, State Only)</i>
-------------	---------------------	-----------------------------------

V. Power of Attorney Information

Have you signed a prior Power of Attorney?

_____ Yes; Recorded _____ No

If so, please bring the Power of Attorney with you to the first meeting.

Name the person that Husband and Wife wish to appoint:

A. Husband's Power of Attorney.

Agent

Name Relationship Address (City, State Only)

Alternate Agent (if the first Agent cannot serve)

Name Relationship Address (City, State Only)

B. Wife's Power of Attorney.

Agent

Name Relationship Address (City, State Only)

Alternate Agent (if the first Agent cannot serve)

Name Relationship Address (City, State Only)

VI. Health Care Power of Attorney

Name the person Husband and Wife wish to appoint:

A. Husband's Health Care Power of Attorney.

Agent or Personal Representative

Name Relationship

Home Address (Street Name and Number)

(City) (State) (Zip)

Alternate Personal Representative (if the first Personal Representative cannot serve)

Name Relationship

Home Address (Street Name and Number)

(City)

(State)

(Zip)

B. Wife's Health Care Power of Attorney.

Agent or Personal Representative

Name

Relationship

Home Address (Street Name and Number)

(City)

(State)

(Zip)

Alternate Personal Representative (if the first Personal Representative cannot serve)

Name

Relationship

Home Address (Street Name and Number)

(City)

(State)

(Zip)

VII. Directive to Physicians (Living Will) Information

A. Do you want a Directive to Physicians ("Living Will")?

Husband Yes No

Wife Yes No

VIII. Miscellaneous Documents

A. Do you want to authorize your Health Care Providers to disclose your Protected Health Information to certain named individuals upon request?

Husband Yes No

Wife Yes No

B. Do you want to be a tissue and organ donor?

Husband Yes No

Wife Yes No