

Date: \_\_\_\_\_

## ESTATE PLANNING INFORMATION SHEET

### I. PERSONAL AND FAMILY INFORMATION

**Client's Name:** \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Print name as you typically sign legal documents: \_\_\_\_\_  
(i.e., full name or first, middle initial, last, etc.)

Home Address: \_\_\_\_\_  
(Include County) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check one:  I agree that personal, confidential information may be sent to me via email  
 I do not agree that personal, confidential information may be sent to me via email.

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Have you ever been married? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you: Divorced? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

If you are divorced, do you have any payment obligations of the prior marriage embodied in any court decree or written agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy.

Widowed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Spouse's death: \_\_\_\_\_

Did Spouse have a will? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was it probated? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN**

**(Please list all children, whether born to or adopted by you.)**

**First Child**

**Second Child**

Name: \_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female

Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

**Third Child**

**Fourth Child**

Name: \_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female

Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

**II. ESTATE PLANNING INFORMATION**

A. EXECUTORS (If co-executors, indicate with an asterisk [\*].)

EXECUTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE EXECUTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE EXECUTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

B. TRUSTEES (A trust may be created within the will for many different reasons, most commonly for the purpose of managing property for a minor beneficiary until a certain age.)

If minors are the beneficiaries of a trust, at what age should they receive the property? \_\_\_\_\_

**TRUSTEE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ALTERNATE TRUSTEE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ALTERNATE TRUSTEE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

C. GUARDIAN(S) OF MINOR CHILDREN

GUARDIAN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE GUARDIAN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE GUARDIAN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

D. AGENTS for Durable Power of Attorney (i.e. Financial Power of Attorney)

AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

E. AGENTS for Medical Power of Attorney (if same as Durable Power of Attorney, don't fill out.)

AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

ALTERNATE AGENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**III. FINANCIAL INFORMATION**

**(Please complete the following or attach a current financial statement)**

*Assets*

Personal Effects \$ \_\_\_\_\_

Home \$ \_\_\_\_\_

Other Real Estate \$ \_\_\_\_\_

Cash, Bank Accounts,  
Certificates of Deposit \$ \_\_\_\_\_

Marketable Securities \$ \_\_\_\_\_

Non-Marketable Securities \$ \_\_\_\_\_

Business Interests \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*Liabilities*

Mortgages Payable \$ \_\_\_\_\_

Bank Loans \$ \_\_\_\_\_

Income Taxes \$ \_\_\_\_\_

Other Debts \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**ESTIMATED NET  
WORTH** \$ \_\_\_\_\_

Total life insurance and  
retirement benefits  
(See next page) \$ \_\_\_\_\_

**ESTIMATED TOTAL  
VALUE OF ESTATE** \$ \_\_\_\_\_



LIFE INSURANCE (List any additional policies on reverse side.)

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

RETIREMENT BENEFITS (List any additional retirement plans on reverse side.)

Participant	_____	Employer	_____
Plan Type	_____	Cash Value	_____
Beneficiary	_____		

Participant	_____	Employer	_____
Plan Type	_____	Cash Value	_____
Beneficiary	_____		

#### IV. OTHER INFORMATION

- A. In general, to whom do you want your estate to be distributed?
- B. Are there bequests of specific cash amounts or particular items of property to particular individuals?  
If yes, please specify the property or cash amount and the name of the recipient.
- C. Is there any reason to treat children (or grandchildren) other than equally?
- D. Are there any other specific concerns or issues you would like to discuss or have addressed in your estate plan (e.g., disposition of a closely held business, concerns regarding ability of beneficiaries to manage assets, gifts to charity, etc.)?
- E. Do you have any expected inheritances from your parents or other relatives?  
If so, indicate the estimated value of your interest and the person from whom you expect to inherit.
- F. Do you own any real property located outside of Texas?  
If yes, please list by state and property.

G. Gifts:

1. List all gifts made in excess of \$10,000 (or in excess of \$3,000 if made prior to 1982):

<i>Date of Gift</i>	<i>Donor</i>	<i>Donee</i>	<i>Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever filed a gift tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list years and attach copies of all returns.

H. Do you have any special requests regarding sustaining life by artificial support systems?

I. Have you made provisions for managing your estate during disability (i.e., durable power of attorney)?

If yes, please provide a copy.

J. Do you own any cemetery plots? If yes, please provide the location and legal descriptions of those plots.

Do you want to leave specific instructions about who is to own any unused plots now owned by you following your death? If yes, please explain.

K. Please list any specific questions, concerns or comments you have about your estate plan which you feel have not been adequately addressed in any of the above questions.