



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.