

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

**Akins, Nowlin & Prewitt, L.L.P.  
ESTATE PLANNING INFORMATION SHEET**

**I. PERSONAL AND FAMILY INFORMATION**

**Husband's Name:** \_\_\_\_\_  
(First) (Middle) (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 \_\_\_\_\_

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

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

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 \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

**CHILDREN**

(If any child listed is not a child of your present marriage or is adopted, please place an asterik (\*) beside that child's name and furnish any additional information on the reverse side of this sheet)

**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 [\*] .)

**Husband's Will**

**Wife's Will**

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? \_\_\_\_\_

**Husband's Will**

**Wife's Will**

TRUSTEE:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE TRUSTEE:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE TRUSTEE:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

C. ATTORNEYS-IN-FACT (for Durable Power of Attorney)

**Husband's Power of Attorney**

**Wife's Power of Attorney**

ATTORNEY-IN-FACT:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE ATTORNEY-IN-FACT:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE ATTORNEY-IN-FACT:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

D. GUARDIAN(S) OF MINOR CHILDREN

**Husband's Will**

**Wife's Will**

GUARDIAN:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE GUARDIAN:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

ALTERNATE GUARDIAN:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



**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 each of you want your estates to be distributed:

1. Husband's will

2. Wife's will

B. Are there bequests of specific cash amounts or particular items of property to particular individuals?                      Yes                      No

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?  
                    Yes                      No

If so, indicate the estimated value of your interest and the person from whom you expect to inherit.

**F. 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 either of you ever filed a gift tax return? Yes      No

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

**G. Marital Agreements and Previous Marital History**

1. Do you have a prenuptial or postnuptial agreement? Yes      No  
If yes, please provide a copy.

2. Have either of you been married previously?

Husband:      Yes      No      Wife:      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

H. Did you acquire any of your property while a resident of any state other than Texas?  
Yes                      No                      If yes, please list by state and property.

I. Do you own any real property located outside of Texas?                      Yes                      No  
If yes, please list by state and property.

J. Do you own any cemetery plots?                      Yes                      No  
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?                      Yes                      No  
If yes, please explain.

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

Have you made provisions for managing your estate during disability (i.e., durable power of attorney)?                      Yes                      No  
If yes, please provide a copy.

L. 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.