ESTATE PLANNING INFORMATION

Appointment Date: _____

Client's Information

Full name: _____

Prefer to be called: _____

Date of Birth: _____

Occupation: _____

Texas Resident Since: _____

Contact information

Cell phone: _____

Work phone: _____

Email: _____

U.S. Citizen? ☐ Y ☐ N

If no, please indicate citizenship: _____

Home address: _____ County: _____

City, State, Zip: _____ Home phone: _____

How do you prefer to receive drafts of documents (including invoices)? ☐ Email ☐ USPS

Have you been married before? ☐ Y ☐ N

If so, please list any divorce obligations at death

(such as any required life insurance paid to ex-spouse or children): _____

_____

Are you a party to a lawsuit? ☐ Y ☐ N

Do you currently anticipate being a party to a lawsuit? ☐ Y ☐ N

Does any beneficiary of your estate receive any governmental benefit payments (specify SSI or SSD) or have any special considerations or needs requiring different treatment in your Will, including concerns related to health, marriage, drug or alcohol abuse? ☐ Y ☐ N

If yes, please describe: _____

For Office Use only:
Entered in:
___ Clio
___ H/D

CHILDREN'S INFORMATION

Full Name: _____ Please indicate whether child is:

Nickname: _____ Date of Birth: _____ ☐ Natural ☐ Adopted

☐ Male ☐ Female ☐ Other: _____

Special considerations: _____

Marital status: ☐ single ☐ married ☐ divorced Occupation: _____

If any children, please list names and ages: _____

Address: _____ Phone: _____

Full Name: _____ Please indicate whether child is:

Nickname: _____ Date of Birth: _____ ☐ Natural ☐ Adopted

☐ Male ☐ Female ☐ Other: _____

Special considerations: _____

Marital status: ☐ single ☐ married ☐ divorced Occupation: _____

If any children, please list names and ages: _____

Address: _____ Phone: _____

Full Name: _____ Please indicate whether child is:

Nickname: _____ Date of Birth: _____ ☐ Natural ☐ Adopted

☐ Male ☐ Female ☐ Other: _____

Special considerations: _____

Marital status: ☐ single ☐ married ☐ divorced Occupation: _____

If any children, please list names and ages: _____

Address: _____ Phone: _____

Full Name: _____ Please indicate whether child is:

Nickname: _____ Date of Birth: _____ ☐ Natural ☐ Adopted

☐ Male ☐ Female ☐ Other: _____

Special considerations: _____

Marital status: ☐ single ☐ married ☐ divorced Occupation: _____

If any children, please list names and ages: _____

Address: _____ Phone: _____

FINANCIAL INFORMATION

Life Insurance (show face value; indicate term insurance with "T") _____

Residence _____

Less: mortgage (_____)

Other Texas Real Property (indicate improved or unimproved) _____

Other Real Property, not in Texas (separately list any property/minerals in other states and indicate which state) _____

IRAs, Qualified Plans (401k, 403b, profit sharing, pension, etc.) (Provide details on page 7) _____

Non-Qualified Employee Benefits (indicate deferred compensation, stock options, restricted stock or other) _____

Annuities, commercial (issued by insurance company, not company pension) _____

Publicly-traded Stocks, Bonds and Mutual Funds (other than IRAs/qualified plans/annuities) _____

Closely-held Stocks (mark "S" if S corp) _____

Partnership Interests (mark "GP" for general partner, "LP" for limited partner interest, or "LLC" for limited liability company) _____

Cash (checking, savings, CDs) _____

Notes or Accounts Receivable from any child(ren) _____

Collections, Boats, Jewelry, Etc. _____

Other Assets (describe) _____

Trusts (of which you are a beneficiary) _____

Expected Inheritances _____

Debts (other than home mortgage) (_____)

TOTAL VALUE OF ESTATE

_____

ESTATE PLAN

1. *Describe in your own words how you wish your property to pass:*

   _____

   _____

2. *Choice of Executor:*

   _____

   _____

3. *Choice of Trustees:*

   _____

   _____

   May each child of yours serve as trustee of his/her own trust immediately after your death? ☐ Y ☐ N

   If no, then upon what age should your Will allow each child of yours to serve as trustee of own trust? _____

   Who should your Will appoint as his/her trustee if you die before such age? _____

4. Do you intend to include any charitable organization in your estate plan, even as a very remote contingent beneficiary?

   ☐ Y ☐ N If YES, complete the following:

CHARITABLE BENEFICIARY INFORMATION

List the precise legal name of each charity, including any intended local chapter (if it is a national organization), or its foundation if this label applies. You will need to obtain this with specificity from the charitable organization.

Name of Charity/Foundation	Federal tax identification number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Initial here if you alternatively authorize us to obtain the above information at our standard hourly rates, which is an additional charge.

INCAPACITY PLANNING

Guardian(s) for any minor child(ren) (if no minors, mark "N/A"): _____

_____

1. *Financial power of attorney:*

   Name: _____

   Alternate Name: _____

2. *Medical power of attorney:*

   Name: _____

   Address: _____

   Phone contact: _____

   Alternate:

   Name: _____

   Address: _____

   Phone contact: _____

3. *Persons entitled to receive your private health information:*

   Name: _____

   Address: _____

   Phone contact: _____

   Name: _____

   Address: _____

   Phone contact: _____

4. Do you wish to sign a "living will" (stating your end of life wishes if extraordinary measures may be employed)?

   ☐ Y ☐ N

   (Note that your medical agent may make life-death decisions of this kind if you choose not to sign a living will.)

CHARITABLE BENEFICIARY INFORMATION

List the precise legal name of each charity, including any intended local chapter (if it is a national organization), or its foundation if this label applies. You will need to obtain this with specificity from the charitable organization.

Name of Charity/Foundation	Federal tax identification number

IRA, QUALIFIED PLAN DETAIL

For each IRA or qualified plan (401k, 403b, etc.), provide the following details.

Account Type (Trad IRA, Roth, Inherited, 401k, 403b, etc.)	Custodian/Institution Where Held	Current Value