# ESTATE PLANNING INFORMATION

Appointment Date: _____

**Husband's Information**

Full name: _____

Prefer to be called: _____

Date of Birth: _____

Occupation: _____

Texas Resident Since: _____

U.S. Citizen? ☐ Y ☐ N

If no, please indicate citizenship: _____

Contact information

Cell phone: _____

Work phone: _____

Email: _____

**Wife's Information**

Full name: _____

Prefer to be called: _____

Date of Birth: _____

Occupation: _____

Texas Resident Since: _____

U.S. Citizen? ☐ Y ☐ N

If no, please indicate citizenship: _____

Contact information

Cell phone: _____

Work phone: _____

Email: _____

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Home address: _____ County: _____

City, State, Zip: _____ Home phone: _____

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

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Date of marriage: _____ Do you have a premarital or post-marital agreement? ☐ Y ☐ N

Have either of 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): _____

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Are either of you a party to a lawsuit? ☐ Y ☐ N

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

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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

Name (First Name, Middle Initial, Last Name): _____

Nickname: _____ Date of Birth: _____ Please indicate whether child is his/hers/joint:

☐ Male ☐ Female ☐ his ☐ hers ☐ joint

Special considerations: _____

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

If any children, please list names and ages: _____

Address: _____ Phone: _____

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Name (First Name, Middle Initial, Last Name): _____

Nickname: _____ Date of Birth: _____ Please indicate whether child is his/hers/joint:

☐ Male ☐ Female ☐ his ☐ hers ☐ joint

Special considerations: _____

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

If any children, please list names and ages: _____

Address: _____ Phone: _____

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Name (First Name, Middle Initial, Last Name): _____

Nickname: _____ Date of Birth: _____ Please indicate whether child is his/hers/joint:

☐ Male ☐ Female ☐ his ☐ hers ☐ joint

Special considerations: _____

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

If any children, please list names and ages: _____

Address: _____ Phone: _____

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Name (First Name, Middle Initial, Last Name): _____

Nickname: _____ Date of Birth: _____ Please indicate whether child is his/hers/joint:

☐ Male ☐ Female ☐ his ☐ hers ☐ joint

Special considerations: _____

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

If any children, please list names and ages: _____

Address: _____ Phone: _____

# FINANCIAL INFORMATION

Mark all separate property with "H" (HUSBAND) or "W" (WIFE)

| **ATTACH BALANCE SHEET OR COMPLETE THIS PAGE** | COMMUNITY | SEPARATE (Mark "H" or "W") |
|---|---|---|
| **Life Insurance** (show face value; mark "H" or "W" to note who is the Insured Spouse; 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 8) | _____ | _____ |
| **Non-Qualified Employee Benefits** (indicate deferred compensation, stock options, restricted stock or other) | _____ | _____ |
| **Annuities, commercial** (issued by insurance company, not company pension)(mark "H," "W," or "JT" to indicate annuitant) | _____ | _____ |
| **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** (mark "H" or "W" to indicate beneficiary) | _____ | _____ |
| **Expected Inheritances** (mark "H" or "W") | _____ | _____ |
| **Debts** (other than home mortgage) | ( _____ ) | ( _____ ) |

TOTAL VALUE OF COMBINED ESTATES

_____

# ESTATE PLAN

## HUSBAND

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

   If your wife is living at your death: _____

   _____

   If your wife is not living at your death: _____

   _____

2. *Choice of Executor:*

   If your wife is living at your death: _____

   If your wife is not living at your death: _____

   _____

3. *Choice of Trustees (if applicable):*

   If your wife is living at your death (trusts for wife): _____

   If your wife is not living at your death (trusts for children/grandchildren): _____

   _____

   May each child of yours serve as trustee of his/her own trust immediately after your and your wife's deaths? ☐ Y ☐ N

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

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 last page.

## WIFE

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

   If your husband is living at your death: _____

   _____

   If your husband is not living at your death: _____

   _____

2. *Choice of Executor:*

   If your husband is living at your death: _____

   If your husband is not living at your death: _____

   _____

3. *Choice of Trustees (if applicable):*

   If your husband is living at your death (trusts for husband): _____

   If your husband is not living at your death (trusts for children/grandchildren): _____

   _____

   May each child of yours serve as trustee of his/her own trust immediately after your and your husband's deaths? ☐ Y ☐ N

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

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 last page.

# INCAPACITY PLANNING FOR HUSBAND

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

_____

1. *Financial power of attorney:*

   If your wife is living: _____

   If your wife is deceased when your power of attorney is needed: _____

2. *Medical power of attorney:*

   If your wife is living:

   Name: _____

   Address: _____

   Phone contact: _____

   If your wife is deceased when your power of attorney is needed:

   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.)

# INCAPACITY PLANNING FOR WIFE

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

_____

1. *Financial power of attorney:*

   If your husband is living: _____

   If your husband is deceased when your power of attorney is needed: _____

2. *Medical power of attorney:*

   If your husband is living:

   Name: _____

   Address: _____

   Phone contact: _____

   If your husband is deceased when your power of attorney is needed:

   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 |
|---|---|
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## IRA, QUALIFIED PLAN DETAIL

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

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