

ESTATE PLANNING INFORMATION WORKSHEET

Thank you for contacting us about estate planning. The following information will help us advise you of your estate planning options and prepare your documents accurately. Completing the worksheet is optional; however, the more information you can provide, the more efficient the planning process will be. You may attach additional pages if necessary. Please return the completed form to us via the secure client portal, via email or by mail prior to your estate planning appointment.

PART I: PERSONAL DATA

Spouse A Name: _____ **DOB:** _____
 Nicknames, Preferred Name, Alias Names (if any): _____
 Street Address: _____
 City: _____ State: ___ Zip: _____ Home #: _____
 Employer: _____ Work #: _____
 E-mail: _____ Cell #: _____
 Are you a U.S. citizen? Yes or No
 Military Service? Yes or No

Spouse B Name: _____ **DOB:** _____
 Nicknames, Preferred Name, Alias Names (if any): _____
 Street Address: _____
 City: _____ State: ___ Zip: _____ Home #: _____
 Employer: _____ Work #: _____
 E-mail: _____ Cell #: _____
 Are you a U.S. citizen? Yes or No
 Military Service? Yes or No

Date and Place of Marriage: _____
 Do you have a Marital Property Agreement (Prenuptial, Postnuptial etc.)? Yes or No

CHILDREN'S INFORMATION:

Name:	Living?	Age:	Birthdate:	Married?	City/State of Residence:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For each child, provide the name of the child's other parent if not your present spouse.

OTHER DEPENDENTS, IF ANY:

Name:	Age:	City/State of Residence:
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of Parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Spouse A, list the names of your parents, brothers, and sisters. Please indicate whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	City/State of Residence:
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

Spouse B, list the names of your parents, brothers, and sisters. Please indicate whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	City/State of Residence:
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

Spouse A, please provide the following information regarding any former marriages:

Name of former spouse:	Living?	Date of Death or Divorce:
_____	_____	_____
_____	_____	_____

Spouse B, please provide the following information regarding any former marriages:

Name of former spouse:	Living?	Date of Death or Divorce:
_____	_____	_____
_____	_____	_____

Spouse A, do you presently have a Will?

If so, what is the date on the Will? _____

Was it signed in Texas? _____ If not, where? _____

Amended Will or Codicil? _____ Date: _____

Spouse B, do you presently have a Will?

If so, what is the date on the Will? _____

Was it signed in Texas? _____ If not, where? _____

Amended Will or Codicil? _____ Date: _____

Spouse A, are you a beneficiary, trustee (singly or jointly), or creator of a trust?

If so, what is the name and date of the trust? _____

Spouse B, are you a beneficiary, trustee (singly or jointly), or creator of a trust?

If so, what is the name and date of the trust? _____

Spouse A, are you a current or potential party to a lawsuit?

If so, please describe: _____

Spouse B, are you a current or potential party to a lawsuit?

If so, please describe: _____

PART II: DISPOSITIVE PLAN

Spouse A, describe in general terms how you want your property to pass at your death, keeping in mind any contingent beneficiaries you may want to include in the event the primary beneficiaries do not survive you:

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

- Outright
- In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

- Outright
- In Trust until reach age _____, then outright
- In Trust with distributions at various ages and amounts. Discuss in initial client meeting.

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

- Outright
- In Trust until reach age _____, then outright
- In Trust with distributions at various ages and amounts. Discuss in initial client meeting.

Do any potential beneficiaries (primary or contingent) of your estate receive governmental benefits or have any special needs or problems that should be addressed in your estate planning?

Spouse B, describe in general terms how you want your property to pass at your death, keeping in mind any contingent beneficiaries you may want to include in the event the primary beneficiaries do not survive you:

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

- Outright
- In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

- Outright
- In Trust until reach age ____, then outright
- In Trust with distributions at various ages and amounts. Discuss in initial client meeting.

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

- Outright
- In Trust until reach age ____, then outright
- In Trust with distributions at various ages and amounts. Discuss in initial client meeting.

Do any potential beneficiaries (primary or contingent) of your estate receive governmental benefits or have any special needs or problems that should be addressed in your estate planning?

PART III: DESIGNEES

Spouse A, list below the name, address and telephone number for each person that you wish to have serve in the fiduciary capacities indicated. You may name two (or more) persons to serve jointly. You should name at least one alternate, and you may name several alternates.

EXECUTOR: the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries (you may name two or more persons to serve jointly).

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE: the person who will be responsible for the long-term management of property placed in trust for the surviving spouse, children or other beneficiaries (you may name two or more persons to serve jointly).

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN FOR MINOR CHILDREN: the person who will take physical care of your minor children should both parents die (you can appoint a couple to serve as co-guardians).

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

GUARDIAN OF THE ESTATE FOR MINOR CHILDREN: the person who will manage any money your minor children inherit should both parents die (the guardian of the estate can be the same as the guardian of the person).

Name of Guardian of the Estate: _____
1st Alt. Guardian of Estate: _____
2nd Alt. Guardian of Estate: _____
3rd Alt. Guardian of Estate: _____

STATUTORY DURABLE POWER OF ATTORNEY: this document allows your designated agent to handle all of your personal financial affairs in the event you become incapacitated.

Name of Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

Alternate Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

MEDICAL POWER OF ATTORNEY: this document allows your designated agent to make decisions on your behalf regarding your health care in the event you become incapacitated.

Name of Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

Alternate Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

Spouse B, list below the name, address and telephone number for each person that you wish to have serve in the fiduciary capacities indicated. You may name two (or more) persons to serve jointly. You should name at least one alternate, and you may name several alternates.

EXECUTOR: the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries (you may name two or more persons to serve jointly).

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE: the person who will be responsible for the long-term management of property placed in trust for the surviving spouse, children or other beneficiaries (you may name two or more persons to serve jointly).

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN FOR MINOR CHILDREN: the person who will take physical care of your minor children should both parents die (you can appoint a couple to serve as co-guardians).

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

GUARDIAN OF THE ESTATE FOR MINOR CHILDREN: the person who will manage any money your minor children inherit should both parents die (the guardian of the estate can be the same as the guardian of the person).

Name of Guardian of the Estate: _____
1st Alt. Guardian of Estate: _____
2nd Atl. Guardian of Estate: _____
3rd Alt. Guardian of Estate: _____

STATUTORY DURABLE POWER OF ATTORNEY: this document allows your designated agent to handle all of your personal financial affairs in the event you become incapacitated.

Name of Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

Alternate Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

MEDICAL POWER OF ATTORNEY: this document allows your designated agent to make decisions on your behalf regarding your health care in the event you become incapacitated.

Name of Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

Alternate Agent: _____

Address: _____

Hm Phone No.: _____ Cell Phone No.: _____

PART IV: ESTIMATED VALUE OF YOUR ESTATE

If you know whether the property is one spouse’s separate property or your community property, please provide that information. If not, provide the name(s) which appear on the title, if known, and indicate whether the property is held with right of survivorship, if known.

Description	Current Fair Market Value	How is Title Held?
Bank Accounts (not IRAs and Retirement Plans)		
Stock, Bond and Mutual Fund Accounts (not IRAs and Retirement Plans)		
IRAs, 401(k)s, Pension Plans		
Life Insurance, Annuities		
Business or Partnership Interests		

Real Estate (primary residence, rental property, land, vacation homes)		
Mineral Interests		
Automobiles, Boats, etc.		
Household Furnishings, Personal Effects etc.		
Other Property		
SUBTOTAL		
Estimated Total Debts and Mortgages Owed		
TOTAL		

PART V: ESTATE PLANNING ADVISORS

Name of Accountant: _____

Address: _____

Phone No.: _____

Name of Insurance Agent: _____

Address: _____

Phone No.: _____

Name of Investment Advisor: _____

Address: _____

Phone No.: _____

Other: _____
