

# ESTATE PLANNING DATA

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

## Identification

Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

US Citizen:  Yes  No

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

County: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Estimated Value of Your Estate

\$ _____	Real Estate in Texas (residence, rental property, land, vacation homes, etc.)
\$ _____	Real Estate not located in Texas
\$ _____	Oil & gas interests in Texas
\$ _____	Oil & gas interests not located in Texas
\$ _____	Stocks/Bonds/Mutual Funds (not held in retirement accounts)
\$ _____	Annuities (not held in retirement accounts)
\$ _____	Retirement Accounts (401(k), pension plans, IRAs)
\$ _____	Cash/Savings
\$ _____	Household furnishings/personal effects/motor vehicles
\$ _____	Life Insurance
\$ _____	Business or partnership interests
\$ _____	Other (Describe: _____)
\$ _____	SUBTOTAL
\$< _____ >	Estimated Total Debts and Mortgages Owed
\$ _____	TOTAL

Have you inherited or do you expect to inherit any property?  Yes  No

If yes, please describe property: \_\_\_\_\_

Are you the creator or beneficiary of any trust? Yes/No

If yes, please describe (trust name, date, trustee, grantor): \_\_\_\_\_

## Your Children

	<u>Children's Names and Social Security Numbers</u>	<u>Dates of Birth</u>	<u>Name of Child's Other Parent</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

## Your Fiduciaries

List below (or be prepared to discuss) the name of each person (and/or the bank or trust company) that you wish to have serve in the fiduciary capacities indicated. You should name alternates, and you may name several alternates. For your agent(s) to care for you in the event of your incapacity, please provide an address and telephone number.

Executor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trustee(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian(s) for  
Minor Children: \_\_\_\_\_  
\_\_\_\_\_

Agent(s) for  
Incapacity: \_\_\_\_\_  
\_\_\_\_\_

## Disposition of Your Property

At our meeting, please plan to describe the way 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. List any notes here: \_\_\_\_\_  
\_\_\_\_\_

## Beneficiary Designations for Life Insurance And Retirement Accounts

At our meeting, please plan to review your beneficiary designations for any life insurance policies and retirement accounts. These assets will pass according to the beneficiary designations on file with the applicable companies. You may need to change the beneficiary designations for life insurance policies and retirement accounts to carry out your current estate planning goals.

## Miscellaneous Information

Employer Name and Address: \_\_\_\_\_

Position: \_\_\_\_\_

Military Service:  Yes     No

If yes, give details (Branch, Dates of Service, Status): \_\_\_\_\_

If you have been married before, do you have any divorce obligations at death, such as required life insurance made payable to a former spouse or children of the marriage?     Yes     No

(If yes, please provide copy of divorce decree.)

If you have been married before, please furnish the following information as to each prior marriage:

(1)    name of former spouse: \_\_\_\_\_

(2)    date and place of marriage: \_\_\_\_\_

(3)    date of termination of marriage and whether due to death or divorce: \_\_\_\_\_

Are you the party to a lawsuit or do you expect to be a party to a law suit?     Yes     No

(If yes, please plan to discuss when we meet.)

Does any intended beneficiary of your estate receive government benefits or have any special needs or problems that should be addressed in your estate planning?     Yes     No

(If yes, please plan to discuss when we meet.)

## Other Estate Planning Advisors

Accountant: \_\_\_\_\_

Primary Personal Bank: \_\_\_\_\_

Stockbroker or other Investment Advisor: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_