

ESTATE PLANNING DATA

Date: _____

Identification

Name: _____

Place of Birth: _____

Nickname: _____

Social Security No: _____

Date of Birth: _____

US Citizen: Yes/No

Phone Number(s): _____

E-Mail: _____

Spouse's Name: _____

Place of Birth: _____

Spouse's Nickname: _____

Social Security No: _____

Date of Birth: _____

US Citizen: Yes/No

Spouse's Phone Number(s): _____

Spouse's E-Mail: _____

Home Address: _____ County: _____

Date of Marriage: _____

Do you have a Marital Property Agreement? Yes/No

	<u>Children's Names and Social Security Numbers</u>	<u>Dates of Birth</u>	<u>Child of Both Spouses?</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Estimated Value of Your Estate

\$ _____	Real Estate in Texas (residence, rental property, land, vacation homes, etc.)
\$ _____	Real Estate <i>not</i> located in Texas
\$ _____	Oil & gas interests in Texas
\$ _____	Oil & gas interests <i>not</i> located in Texas
\$ _____	Stocks/Bonds/Mutual Funds (<i>not</i> held in retirement accounts)
\$ _____	Annuities (<i>not</i> 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 or your spouse inherited or do either of you expect to inherit any property? Yes/No

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

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

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

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.

	<u>You</u>	<u>Your Spouse</u>
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

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

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

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: _____

Investment Advisor: _____

Insurance Agent: _____