

**Akins, Nowlin & Prewitt, L.L.P.
ESTATE PLANNING INFORMATION SHEET**

Date: _____

I. PERSONAL AND FAMILY INFORMATION

Husband's Name: _____
(First) (Middle) (Last)

Print name as you typically sign legal documents: _____
(i.e., full name or first, middle initial, last, etc.)

Home Address: _____
(Include County) _____

Telephone: Home _____ Business _____

Occupation: _____

Business Address: _____

Birthdate: _____ Place of Birth: _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Wife's Name: _____
(First) (Middle) (Maiden) (Last)

Print name as you typically sign legal documents: _____
(i.e., full name or first, middle initial, last or first, maiden, last, etc.)

Telephone: Home _____ Business _____

Occupation: _____

Business Address: _____

Birthdate: _____ Place of Birth: _____

U.S. Citizen: Yes _____ No _____ If No, Country _____

Date and Place of Marriage: _____

II. ESTATE PLANNING INFORMATION

A. EXECUTORS (If co-executors, indicate with an asterisk [*])

Husband's Will

Wife's Will

EXECUTOR:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE EXECUTOR:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE EXECUTOR:

Name: _____

Address: _____

Phone: _____

Relationship: _____

B. TRUSTEES (A trust may be created within the will for many different reasons, most commonly for the purpose of managing property for a minor beneficiary until a certain age.)

If minors are the beneficiaries of a trust, at what age should they receive the property? _____

Husband's Will

Wife's Will

TRUSTEE:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE TRUSTEE:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE TRUSTEE:

Name: _____

Address: _____

Phone: _____

Relationship: _____

C. ATTORNEYS-IN-FACT (for Durable Power of Attorney)

Husband's Power of Attorney

Wife's Power of Attorney

ATTORNEY-IN-FACT:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE ATTORNEY-IN-FACT:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE ATTORNEY-IN-FACT:

Name: _____

Address: _____

Phone: _____

Relationship: _____

D. GUARDIAN(S) OF MINOR CHILDREN

Husband's Will

Wife's Will

GUARDIAN:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE GUARDIAN:

Name: _____

Address: _____

Phone: _____

Relationship: _____

ALTERNATE GUARDIAN:

Name: _____

Address: _____

Phone: _____

Relationship: _____

III. FINANCIAL INFORMATION

(Please complete the following or attach a current financial statement)

<i>Assets</i>	<i>Community Property</i>	<i>H's Separate Prop.</i>	<i>W's Separate Prop.</i>
Personal Effects	\$ _____	\$ _____	\$ _____
Home	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Cash, Bank Accounts, Certificates of Deposit	\$ _____	\$ _____	\$ _____
Marketable Securities	\$ _____	\$ _____	\$ _____
Non-Marketable Securities	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

<i>Liabilities</i>	<i>Community Property</i>	<i>H's Separate Prop.</i>	<i>W's Separate Prop.</i>
Mortgages Payable	\$ _____	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____	\$ _____
Income Taxes	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

ESTIMATED NET WORTH	\$ _____	\$ _____	\$ _____
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Total life insurance and retirement benefits (See next page)	\$ _____	\$ _____	\$ _____
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ESTIMATED TOTAL VALUE OF ESTATE	\$ _____	\$ _____	\$ _____
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LIFE INSURANCE (List any additional policies on reverse side)

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

Insured	_____	Owner	_____
Company	_____	Policy No.	_____
Face Amount	_____	Cash Value	_____
Beneficiary	_____		

RETIREMENT BENEFITS (List any additional retirement plans on reverse side)

Participant	_____	Employer	_____
Plan Type	_____	Cash Value	_____
Beneficiary	_____		

Participant	_____	Employer	_____
Plan Type	_____	Cash Value	_____
Beneficiary	_____		

IV. OTHER INFORMATION

- A. In general, to whom do each of you want your estates to be distributed:
1. Husband's will

 2. Wife's will
- B. Are there bequests of specific cash amounts or particular items of property to particular individuals?
If yes, please specify the property or cash amount and the name of the recipient.
- C. Is there any reason to treat children (or grandchildren) other than equally?
- D. Are there any other specific concerns or issues you would like to discuss or have addressed in your estate plan (e.g., disposition of a closely held business, concerns regarding ability of beneficiaries to manage assets, gifts to charity, etc.)?
- E. Do you have any expected inheritances from your parents or other relatives?
If so, indicate the estimated value of your interest and the person from whom you expect to inherit.

F. Gifts:

1. List all gifts made in excess of \$10,000 (or in excess of \$3,000 if made prior to 1982):

<i>Date of Gift</i>	<i>Donor</i>	<i>Donee</i>	<i>Value</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have either of you ever filed a gift tax return? Yes _____ No _____

If yes, list years and attach copies of all returns.

G. Marital Agreements and Previous Marital History

1. Do you have a prenuptial or postnuptial agreement? Yes _____ No _____
If yes, please provide a copy.

2. Have either of you been married previously?

Husband: Yes _____ No _____ Wife: Yes _____ No _____

If yes, are you: Divorced? Yes _____ No _____
Date of Divorce _____

If you are divorced, do you have any payment obligations of the prior marriage embodied in any court decree or written agreement?

Yes _____ No _____
If yes, please provide a copy.

Widowed? Yes _____ No _____
Date of Spouse's death _____

Did Spouse have a will? Yes _____ No _____

If yes, was it probated? Yes _____ No _____

H. Did you acquire any of your property while a resident of any state other than Texas?
If yes, please list by state and property.

I. Do you own any real property located outside of Texas?
If yes, please list by state and property.

J. Do you have any special requests regarding sustaining life by artificial support systems?

Have you made provisions for managing your estate during disability (i.e., durable power of attorney)?

If yes, please provide a copy.

K. Please list any specific questions, concerns or comments you have about your estate plan which you feel have not been adequately addressed in any of the above questions.