



**ESTATE PLANNING INFORMATION SHEET**

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

**I. PERSONAL AND FAMILY INFORMATION**

Husband's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Include County) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Occupation: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Wife's Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Occupation: \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

## CHILDREN

(If any child listed is not a child of your present marriage or is adopted, please place an asterik (\*) beside that child's name and furnish any additional information on the reverse side of this sheet)

### First Child

### Second Child

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

### Third Child

### Fourth Child

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_

\_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

**II. ESTATE PLANNING INFORMATION**

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

**Husband's Will**

**Wife's Will**

EXECUTOR:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE EXECUTOR:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE EXECUTOR:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE TRUSTEE:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE TRUSTEE:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE ATTORNEY-IN-FACT:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE ATTORNEY-IN-FACT:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

D. GUARDIAN(S) OF MINOR CHILDREN

**Husband's Will**

**Wife's Will**

GUARDIAN:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE GUARDIAN:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

ALTERNATE GUARDIAN:

Name: \_\_\_\_\_

\_\_\_\_\_

Soc. Sec. # : \_\_\_\_\_

\_\_\_\_\_

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	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

<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	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

<b>ESTIMATED NET WORTH</b>	\$ _____	\$ _____	\$ _____
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Total life insurance and retirement benefits (See next page)	\$ _____	\$ _____	\$ _____
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<b>ESTIMATED TOTAL VALUE OF ESTATE</b>	\$ _____	\$ _____	\$ _____
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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 \_\_\_\_\_

## V. 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.