

SINGLE CLIENT ESTATE PLANNING INFORMATION

TODAY'S DATE

CLIENT NAME (first, middle initial, last)

NICKNAME OR PREFERRED NAME

DOB

OCCUPATION

Are you a US citizen? YES NO

If not, of what country are you a citizen?

STREET ADDRESS

CITY/STATE/ZIP

COUNTY

Email:

How do you prefer to receive drafts of documents? US mail email

PHONE NUMBERS

Work:

Cell:

Home:

CHILDREN (indicate natural, adopted, step)

DOB

MARRIED?
(Y/N)

OCCUPATION/SPECIAL
CONSIDERATIONS

Have you been married before? YES NO

If so, are there any divorce obligations at death, such as required life insurance to pay to ex-spouse or children?

Are you a party to a lawsuit?

YES NO

Do you currently anticipate being a party to a lawsuit?

YES NO

Does any beneficiary of your estate receive any government benefit payments (specify SSI or SSD) or have any problems or needs requiring special treatment in your Will, including concerns related to health, marriage, drug or alcohol abuse? If yes, please describe. YES NO

FINANCIAL INFORMATION

Life Insurance (Show face value; indicate term insurance with "T")

Residence (Show any mortgage at debts below)

Other Texas Real Property (Improved or unimproved)

Other Real Property, not in Texas
(Separately list any real property/minerals in other states)

Publicly-traded Stocks, Bonds and Mutual Funds (Do *not* list IRAs/qualified plans/annuities here)

Closely-held Stocks (Mark "S" if S corp.)

Partnership Interests (Mark "GP" for general partner, "LP" for limited partner interest)

Cash (Checking, savings, CDs)

Notes or Accounts Receivable from any child/ren

IRAs, Qualified Plans (401k, profit sharing, pension, etc.) (Mark "IRA" unless employer plan)

Non-Qualified Employee Benefits (Deferred compensation, stock options, etc.)

Annuities (issued by insurance company)

Collections, Boats, Jewelry, Etc.

Other Assets

Trusts (of which you are a beneficiary)

Expected Inheritances

Debts

(_____)

TOTAL VALUE

1. Describe in your own words how you want your property to pass:

2. Describe who you wish to serve in the following capacities:

a. Executor: _____

b. Alternate Executor: _____

c. Trustee of any trusts for your children: _____

d. Guardian for any minor child/ren: _____

e. Agent under your financial power of attorney: _____

f. Agent under your medical care power of attorney: _____

g. Party(ies) allowed to obtain your private medical records: _____

3. Do you desire a “living will” (a document stating whether or not you wish to be kept alive by extraordinary measures)? NOTE: Your medical agent may make life/death decisions if you are incapacitated and you do not sign a living Will.

YES NO