

MARRIED CLIENT (with children) ESTATE PLANNING INFORMATION

TODAY'S DATE		DATE OF MARRIAGE	
HUSBAND'S NAME (first, middle initial, last)			
NICKNAME OR PREFERRED NAME			
HUSBAND'S DOB		OCCUPATION	
Are you a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Resident of Texas since what year?	
If not, of what country are you a citizen?			
WIFE'S NAME (first, middle initial, last)			
NICKNAME OR PREFERRED NAME			
WIFE'S DOB		OCCUPATION	
Are you a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Resident of Texas since what year?	
If not, of what country are you a citizen?			
STREET ADDRESS			
CITY/STATE/ZIP		COUNTY	
Email:	Husband's email	Wife's email	
How do you prefer to receive drafts of documents?		<input type="checkbox"/> US mail	<input type="checkbox"/> email
PHONE NUMBERS	Work: Husband	Cell: Husband	
Home:	Work: Wife	Cell: Wife	
CHILDREN (indicate natural, adopted, step)	DOB	MARRIED? (Y/N)	OCCUPATION/SPECIAL CONSIDERATIONS
Have either of you been married before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, are there any divorce obligations at death, such as required life insurance to pay to ex-spouse or children?			
Do you have a premarital or post-marital agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide a copy with this information.)			
Are you or your spouse a party to a lawsuit?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does either of you currently anticipate being a party to a lawsuit?		<input type="checkbox"/> YES	<input type="checkbox"/> 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. <input type="checkbox"/> YES <input type="checkbox"/> NO			

FINANCIAL INFORMATION

List all community property under HUSBAND; mark with * if husband's separate property

	<u>HUSBAND</u> (mark with * if separate property)	<u>WIFE</u> (her separate property only)
Life Insurance (Show face value; list in column of whoever is the Insured Spouse; 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 <i>not</i> 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) (Mark 'H,' 'W' or 'JT' to indicate annuitant)	_____	_____
Collections, Boats, Jewelry, Etc.	_____	_____
Other Assets	_____	_____
Trusts (of which you are a beneficiary)	_____	_____
Expected Inheritances	_____	_____
Debts	(_____)	(_____)
TOTAL VALUE OF COMBINED ESTATES	_____	_____

1. Describe in your own words how you want your property to pass:
 - a. Husband:
 - i. If your wife survives you: to wife outright (not in trust)
 other: _____
 - ii. If your wife predeceases you: _____
 - b. Wife:
 - i. If your husband survives you: to husband outright (not in trust)
 other: _____
 - ii. If your husband predeceases you: _____

2. Describe who you wish to serve in the following capacities:
 - a. Husband:
 - i. Executor if your wife survives you: wife other: _____
 - ii. Executor if your wife predeceases you: _____
 - iii. Trustee of any trusts for your wife: wife other: _____
 - iv. Trustee of any trusts for your children: _____
 - v. Guardian for any minor child/ren: _____
 - vi. Agent under your financial power of attorney: wife other: _____
 - vii. Agent under your medical care power of attorney: wife other: _____
 - viii. Party(ies) allowed to obtain your private medical records: wife
 other: _____
 - b. Wife
 - i. Executor if your husband survives you: husband other: _____
 - ii. Executor if your husband predeceases you: _____
 - iii. Trustee of any trusts for your husband: husband other: _____
 - iv. Trustee of any trusts for your children: _____
 - v. Guardian for minor child/ren: _____
 - vi. Agent under your financial power of attorney: husband other: _____
 - vii. Agent under your medical care power of attorney: husband
 other: _____
 - viii. Party(ies) allowed to obtain your private medical records: husband
 other: _____

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.
 - a. Husband YES NO
 - b. Wife YES NO