

THE LAW OFFICES
OF
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ESTATE PLANNING FACT SHEET

Date: _____

I.
PERSONAL AND FAMILY INFORMATION
(Give full names, no initials)

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

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

Husband's Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

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

Wife's Primary Occupation: _____

Address (Include County): _____

Business Address: _____

Email Address: _____

Telephone: Home _____ Business _____

Birthdate: _____ Soc. Sec. No. _____

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

Marriage Date: _____ Place _____

CHILDREN

(Indicate if a child is adopted. Please attach an additional page for additional children or additional information. Please note if a child has special needs.)

Circle Gender Circle Parent(s) (Husband, Wife or Both)

1st Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

2nd Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

3rd Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

4th Child

First Name: Middle: Last: SSN Spouse: Address: Phone: Birthdate: Current Age: M F H's W's Both

GRANDCHILDREN
(indicate if adopted)

Children of 1st Child

Children of 2nd Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Children of 3rd Child

Children of 4th Child

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

Name: _____
Birthdate: __/__/__

OTHER DEPENDENTS

1st

2nd

Name: _____

Soc. Sec.: _____

Address: _____

Phone: _____

Birthdate: _____

Relationship: _____

3rd

4th

Name: _____

Soc. Sec.: _____

Address: _____

Phone: _____

Birthdate: _____

Relationship: _____

II.
PROFESSIONAL ADVISORS

Accountant

Name: _____

Firm _____

Address: _____

Phone: () _____

Fax: () _____

Insurance Agent

() _____

() _____

Stock Broker

Name: _____

Firm _____

Address: _____

Phone: () _____

Fax: () _____

Regular Physician

() _____

() _____

Financial Planner

Name: _____

Firm _____

Address: _____

Phone: () _____

Fax: () _____

Bank Officer

() _____

() _____

III.
NOMINATIONS

(Please provide full names, including middle names or initials, as applicable.)

A. EXECUTOR(S) Please list in order of preference. If co-executors, indicate with an asterisk *.)

Husband's Will

Wife's Will

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

B. TRUSTEES (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

(Trustee continued)

TRUSTEES Husband's Will
continued

Wife's Will

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

C. GENERAL
ATTORNEY(S)-IN-FACT (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Husband's Will

Wife's Will

GENERAL ATTORNEY-IN-FACT continued

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

MEDICAL CARE

D. ATTORNEY(S)-IN-FACT (if different from Executor)

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Name: _____

Address: _____

Phone: () _____

() _____

Relationship: _____

Husband's Will
MEDICAL CARE ATTORNEY-IN-FACT continued

Wife's Will

Name: _____

Address: _____

Phone: () _____

Relationship: _____

E. GUARDIAN(S) OF MINOR CHILDREN (if different from Executor)

(1) Name: _____

Address: _____

Phone: () _____

Relationship: _____

(2) Name: _____

Address: _____

Phone: () _____

Relationship: _____

(3) Name: _____

Address: _____

Phone: () _____

Relationship: _____

Per Husband

Per Wife

F. DECLARATION OF GUARDIAN (if Husband or Wife needs a guardian)

(1) _____

(1) _____

(2) _____

(2) _____

(3) _____

(3) _____

G. DECLARATION OF GUARDIAN FOR MINOR CHILDREN IN CASE WHERE HUSBAND OR WIFE ALIVE BUT INCAPACITATED

(1) _____

(1) _____

(2) _____

(2) _____

(3) _____

(3) _____

H. LIVING WILLS (Directive to Physician)

Yes No

Yes No

I. APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

Yes No

Yes No

Cremation? _____

Cremation? _____

Special instructions?

Special instructions?

J. COMPENSATION (for individuals)

1. Executor Yes _____ No _____

If Yes, conditions: _____

2. Trustee Yes _____ No _____

If Yes, conditions: _____

IV.
ASSET/LIABILITY SUMMARY

| <u>Assets</u> | <u>Community Property</u> | <u>Husband's Sep. Property</u> | <u>Wife's</u> |
|--|---------------------------|--------------------------------|---------------|
| <u>Sep. Property</u> | | | |
| A. Personal Effects | \$ _____ | \$ _____ | \$ _____ |
| B. Home (Principal) | \$ _____ | \$ _____ | \$ _____ |
| C. Other Real Estate | \$ _____ | \$ _____ | \$ _____ |
| D. Cash, Bank Accounts & Certificates of Deposit | \$ _____ | \$ _____ | \$ _____ |
| E. Marketable Securities | \$ _____ | \$ _____ | \$ _____ |
| F. Non-Marketable Securities | \$ _____ | \$ _____ | \$ _____ |
| G. Business Interests | \$ _____ | \$ _____ | \$ _____ |
| H. Other Assets (Brief Description) | \$ _____ | \$ _____ | \$ _____ |
| I. TOTAL | \$ _____ | \$ _____ | \$ _____ |

| <u>Liabilities</u> | <u>Community Property</u> | <u>Husband's Sep. Property</u> | <u>Wife's Sep. Property</u> |
|--|---------------------------|--------------------------------|-----------------------------|
| J. Current Debts | \$ _____ | \$ _____ | \$ _____ |
| K. Bank Loans | \$ _____ | \$ _____ | \$ _____ |
| L. Mortgages Payable | \$ _____ | \$ _____ | \$ _____ |
| M. Income Taxes (include possible tax shelter liabilities) | \$ _____ | \$ _____ | \$ _____ |
| N. Other Debts (Brief Description) | \$ _____ | \$ _____ | \$ _____ |

O. TOTAL \$ _____ \$ _____ \$ _____

P. Estimated Combined Present Net Worth \$ _____ \$ _____ \$ _____

Q. Estimated Value of Estate Including Insurance and Employment Benefits \$ _____ \$ _____ \$ _____

Please attach financial statement, if available, and copies of legal descriptions of any real property that you own (including home).

Please include descriptions of qualified and non-qualified deferred compensation plans, IRAs, 401(k) plans, annuities, and life insurance.

LIFE INSURANCE

| INSURED | COMPANY | POLICY (Type & Number) | FACE AMOUNT | CASH VALUE | LOAN BALANCE | OWNER H W C M T O | BENEFICIARY C H E S T C O |
|--------------|---------|---------------------------|-------------|------------|--------------|----------------------|------------------------------|
| HUSBAND | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| WIFE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OTHER | | | | | | | |
| TOTAL | | | | | | | |

H = Husband
 T = Trust
 E = Estate
 O = Other
 CH = Charity

W = Wife
 C = Child
 S = Spouse
 CM = Community

Indicate insurance agent: _____

Date of this valuation: _____

RETIREMENT BENEFITS

| PARTICIPANT | EMPLOYER/COMPANY | PLAN TYPE | ACCRUED BENEFIT | CASH VALUE | BENEFICIARY |
|--------------|------------------|-----------|-----------------|------------|-------------|
| HUSBAND | | | | | CHESTCO |
| | | | | | |
| | | | | | |
| | | | | | |
| WIFE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| OTHER | | | | | |
| TOTAL | | | | | |

- T = Trust
- E = Estate
- S = Spouse
- O = Other
- C = Child
- CH = Charity

Indicate person(s) responsible for employee benefits:

ESTIMATED INCOME FOR CURRENT YEAR

| | HUSBAND | WIFE |
|--------------------------------|---------|-------|
| BASE SALARY | _____ | _____ |
| BONUS AND OTHER COMPENSATION | _____ | _____ |
| TAXABLE DIVIDENDS AND INTEREST | _____ | _____ |
| TAX-EXEMPT INCOME | _____ | _____ |
| CAPITAL GAINS OR LOSSES | _____ | _____ |
| OTHER INCOME (SPECIFY) | _____ | _____ |
| TOTAL: | ===== | ===== |

**V.
OTHER INFORMATION**

- A. What are your estate planning objectives? (Help children, avoid taxes, avoid probate, make charitable gifts, etc)
- 1.
 - 2.
 - 3.
- B. In general, to whom do each of you want your estates to be distributed?
Please attach a separate sheet. Include the following:
1. Husband's Will -- In general (such as all to spouse and then kids)
Specific bequests (specific items or amounts of money) --
specify the property and to whom it will be given
Contingent beneficiaries -- institutions or persons if all
other beneficiaries predecease
 2. Wife's Will
(same as above)
- C. Is there any reason to treat children (or grandchildren) other than equally?

D. History of Gifts: (1) List all gifts made in excess of \$12,000 (or in excess of \$3,000 if gift was made before 1982); and (2) list all gifts of life insurance:

(State the reason for making the gift)

| <u>Date of Gift</u> | <u>Donor</u> | <u>Donee</u> | <u>Value</u> |
|---------------------|--------------|--------------|--------------|
|---------------------|--------------|--------------|--------------|

E. Have either of you ever filed a gift tax return? Yes _____ No _____
If yes, list years, and attach copies of all returns.

F. Do either of you have any expected inheritances from your parents or other relatives?

| <u>Person Who May Leave You Something</u> | <u>Relationship</u> | <u>Age</u> | <u>Estimated Value of Your Interest</u> |
|---|---------------------|------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

G. Describe any other contingent asset either of you are entitled to receive, i.e., negligence recovery, contract rights.

