

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: \_\_\_\_\_

M F

H's W's Both

Middle: \_\_\_\_\_

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

Last: \_\_\_\_\_

Current Age: \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse: \_\_\_\_\_

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

### 2nd Child

First

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

M F

H's W's Both

Middle: \_\_\_\_\_

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

Last: \_\_\_\_\_

Current Age: \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse: \_\_\_\_\_

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

### 3rd Child

First

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

M F

H's W's Both

Middle: \_\_\_\_\_

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

Last: \_\_\_\_\_

Current Age: \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse: \_\_\_\_\_

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

### 4th Child

First

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

M F

H's W's Both

Middle: \_\_\_\_\_

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

Last: \_\_\_\_\_

Current Age: \_\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse: \_\_\_\_\_

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

GRANDCHILDREN  
(indicate if adopted)

**Children of 1st Child**

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

**Children of 2nd Child**

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

**Children of 3rd Child**

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_/\_\_/\_\_

**Children of 4th Child**

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  
GENERAL ATTORNEY-IN-FACT continued

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

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

Phone: (     ) \_\_\_\_\_

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

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

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

Phone: (     ) \_\_\_\_\_

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

Wife's Will

(     ) \_\_\_\_\_

(     ) \_\_\_\_\_

D. MEDICAL CARE  
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>Sep. Property</u>	<u>Community Property</u>	<u>Husband's Sep. Property</u>	<u>Wife's</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)	\$ _____	\$ _____	\$ _____

0.	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)	_____	_____
<b>TOTAL:</b>	=====	=====

## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- H. Is this a second marriage for either of you?  
Is there a pre-marital agreement?  
Is there a post-marital agreement?  
If either of you has ever been divorced, are there any payment obligations either to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.
- I. Did either of you acquire any of your property while a resident of any state other than Texas? (List by state and property)
- J. Do either of you own any real property located outside of Texas? (List by state and property)
- K. Do either of you have any special requests regarding donation of body organs (eyes, kidneys, etc.)?

Do either of you have any special requests regarding sustaining life by artificial support systems.

Have either of you made provisions for managing your estate during disability (i.e., durable power of attorney)? If so please provide date of signing and attach a copy.