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	**Insurance Agent**
Name:	_____	_____
Firm	_____	_____
Address:	_____	_____
Phone:	(____) _____	(____) _____
Fax:	(____) _____	(____) _____

	Stock Broker	**Regular Physician**
Name:	_____	_____
Firm	_____	_____
Address:	_____	_____
Phone:	(____) _____	(____) _____
Fax:	(____) _____	(____) _____

	Financial Planner	**Bank Officer**
Name:	_____	_____
Firm	_____	_____
Address:	_____	_____
Phone:	(____) _____	(____) _____
Fax:	(____) _____	(____) _____

III.
NOMINATIONS

A. EXECUTOR(S) **(Please provide full names, including middle names or initials, as applicable. 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)		

	Husband's Will	Wife's Will
TRUSTEES continued		
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: _____ _____

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

Name: _____ _____

Address: _____ _____

Phone: ( ) _____ ( ) _____

Relationship: _____ _____

Name: _____ _____

Address: _____ _____

Phone: ( ) _____ ( ) _____

Relationship: _____ _____

Husband's Will Wife's Will

MEDICAL CARE ATTORNEY-IN-FACT continued

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

Assets		Community Property	Husband's Sep. Property	Wife's Sep. Property
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	$_____	$_____	$_____
	Liabilities	Community Property	Husband's Sep. Property	Wife's Sep. Property
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 CM T O	BENEFICIARY CH 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 CHESTCO
HUSBAND					
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)

Date of Gift	Donor	Donee	Value

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?

Person Who May Leave You Something	Relationship	Age	Estimated Value of Your Interest

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.