

## Estate Planning Information

Thank you for contacting me about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to me about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Either mail the completed form to me or bring it with you to your estate planning appointment.

| Personal Information  |            |                    |
|---|------------|--------------------|
|   | You        | Your Spouse        |
| <b>Full Name:</b>   |            |                    |
| <b>Nickname or Preferred Name:</b>  |            |                    |
| <b>Birth Date:</b>  |            |                    |
| <b>Social Security Number:</b>  |            |                    |
| <b>Occupation:</b>  |            |                    |
| <b>Estimated Annual Income from Salary, Bonuses, Etc.:</b>  |            |                    |
| <b>Estimated Annual Investment Income (Dividends, Interest, Etc.):</b>                                      |            |                    |
| <b>Work Telephone:</b>  |            |                    |
| <b>Work Fax:</b>  |            |                    |
| <b>Mobile/Pager:</b>  |            |                    |
| <b>Email Address:</b>   |            |                    |
| <b>Home Address (Include County):</b>   |            |                    |
| <b>Home Telephone:</b>  |            |                    |
| <b>Home Fax:</b>  |            |                    |
| <b>Date and Place of Marriage:</b>  |            |                    |
| <b>If you have lived outside Texas during this marriage, please list the states and dates of residence:</b> |            |                    |
| <b>If either of you were previously married, list the dates of prior marriage, name or prior spouse,</b>    | <b>You</b> | <b>Your Spouse</b> |
|   |            |                    |

| Personal Information |  |  |
|----------------------|--|--|
|----------------------|--|--|

|   |  |  |
|---|--|--|
| <b>names of living children from prior marriage(s), and state whether marriage ended by death or divorce:</b> |  |  |
| <b>Describe any real estate owned by either or both of you outside Texas:</b>                                 |  |  |
| <b>Location of Safe Deposit Box (if any):</b>   |  |  |
| <b>Name and Telephone of Your Insurance Agent (if any):</b>   |  |  |
| <b>Name and Telephone of Your Accountant (if any):</b>  |  |  |
| <b>Name and Telephone of Your Broker or Financial Planner (if any):</b>                                       |  |  |
| <b>Other Information:</b>   |  |  |

| Children |  |  |
|----------|--|--|
|----------|--|--|

| Full Name | Birth Date | Address (If Child Does Not Reside With You) |
|-----------|------------|---|
|           |            |   |
|           |            |   |
|           |            |   |
|           |            |   |
|           |            |   |
|           |            |   |

| Assets |  |  |
|--------|--|--|
|--------|--|--|

| Description  | Current Fair Market Value | How Is Title Held?* |
|--|---------------------------|---------------------|
| <i>Bank Accounts (not IRAs and Retirement Plans)</i> |                           |                     |
|  |                           |                     |
|  |                           |                     |
|  |                           |                     |

| Personal Information  |  |  |
|---|--|--|
|   |  |  |
| Stocks, Bonds and Mutual Funds ( <i>not IRAs and Retirement Plans</i> ) |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Closely Held Businesses, Partnerships, Etc.                             |  |  |
|   |  |  |
|   |  |  |
| Real Estate   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Automobiles, Boats, Etc.  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Other Property  |  |  |
|   |  |  |
|   |  |  |
| Total   |  |  |

\* If you know if the property is your separate property, your wife=s separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

| <b>Liabilities</b> |               |
|--------------------|---------------|
| <b>Description</b> | <b>Amount</b> |
| Mortgages          |               |
|                    |               |
|                    |               |
| Other Liabilities  |               |
|                    |               |
|                    |               |
|                    |               |
| Total              |               |

| <b>Life Insurance and Annuities</b> |                |                       |                    |                   |
|-------------------------------------|----------------|-----------------------|--------------------|-------------------|
| <b>Company</b>                      | <b>Insured</b> | <b>Beneficiary(s)</b> | <b>Face Amount</b> | <b>Cash Value</b> |
|                                     |                |                       |                    |                   |
|                                     |                |                       |                    |                   |
|                                     |                |                       |                    |                   |
|                                     |                |                       |                    |                   |
|                                     |                |                       |                    |                   |
|                                     |                |                       |                    |                   |
| Total                               |                |                       |                    |                   |

| <b>IRAs, 401(k)s, and Other Retirement Plans</b> |                    |                     |                      |                      |
|--|--------------------|---------------------|----------------------|----------------------|
| <b>Company/Custodian</b>                         | <b>Participant</b> | <b>Type of Plan</b> | <b>Vested Amount</b> | <b>Death Benefit</b> |
|  |                    |                     |                      |                      |
|  |                    |                     |                      |                      |
|  |                    |                     |                      |                      |
|  |                    |                     |                      |                      |
|  |                    |                     |                      |                      |
| Total  |                    |                     |                      |                      |

**Dispositive Plan:**  
**(Describe in general terms how you wish to leave your property at death)**

**Other Beneficiaries**  
**(Information about persons other than your spouse and descendants who you wish to benefit.)**

| Full Name | Age | Address | Relationship to You |
|-----------|-----|---------|---------------------|
|           |     |         |                     |
|           |     |         |                     |
|           |     |         |                     |
|           |     |         |                     |
|           |     |         |                     |

| <b>Fiduciaries</b>  |            |                    |
|---|------------|--------------------|
| <b>List name, address, home telephone and relationship to you for each person)</b>  |            |                    |
|   | <b>You</b> | <b>Your Spouse</b> |
| <b>Executor:</b> (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.) |            |                    |
| <b>First Alternate Executor:</b>  |            |                    |
| <b>Second Alternate Executor:</b>   |            |                    |
| <b>Trustee:</b> (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)  |            |                    |
| <b>First Alternate Trustee:</b>   |            |                    |
| <b>Second Alternate Trustee:</b>  |            |                    |
| <b>Guardian of Minor Children:</b> (The guardian is the person who will take physical care of minor children should both parents die.)                    |            |                    |
| <b>First Alternate Guardian:</b>  |            |                    |
| <b>Second Alternate Guardian:</b>   |            |                    |
| <b>Property Agent:</b> (The property agent is the person who will handle your financial affairs if you become incapacitated.)                             |            |                    |
| <b>First Alternate Property Agent:</b>  |            |                    |
| <b>Second Alternate Property Agent:</b>   |            |                    |
| <b>Health Care Agent:</b> (The health care agent is the person who will make medical decisions for you if you become incapacitated.)                      |            |                    |
| <b>First Alternate Health Care Agent:</b>   |            |                    |
| <b>Second Alternate Health Care Agent:</b>  |            |                    |