

CONFIDENTIAL

JOHN & JANE CLIENT
PRELIMINARY ESTATE PLANNING INFORMATION

(Please review and correct any filled in information, especially name spellings)

JOHN'S NAME INFORMATION:

JANE'S NAME INFORMATION:

FIRST NAME: _____

FIRST NAME: _____

MIDDLE: _____

MIDDLE: _____

JR., SR. II, III, IV? _____

MAIDEN: _____

Name I prefer to be called: _____

Name I prefer to be called: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

BIRTHPLACE: _____

BIRTHPLACE: _____

SSN: _____

SSN: _____

HOME ADDRESS: _____

HOME PHONE: _____

JOHN'S CELL PHONE: _____

JANE'S CELL PHONE: _____

JOHN'S WORK PHONE: _____

JANE'S WORK PHONE: _____

EMAIL ADDRESS: _____

DATE JOHN & JANE WERE MARRIED AND WHERE: _____

PRIOR MARRIAGES OF JOHN (FULL NAMES OF FORMER SPOUSES, DATE DIVORCED OR DECEASED):

PRIOR MARRIAGES OF JANE (FULL NAMES OF FORMER SPOUSES, DATE DIVORCED OR DECEASED):

CHILDREN BORN TO OR ADOPTED BY JOHN AND JANE *DURING THEIR MARRIAGE* (FULL NAMES):

(1) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

(2) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

CHILDREN BORN TO OR ADOPTED BY *JOHN* DURING *PRIOR MARRIAGES* (FULL NAMES, WHETHER BORN OR ADOPTED AND NAME OF OTHER PARENT)

(1) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

(2) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

CHILDREN BORN TO OR ADOPTED BY *JANE* DURING *PRIOR MARRIAGES* (FULL NAMES, WHETHER BORN OR ADOPTED AND NAME OF OTHER PARENT)

(1) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

(2) _____ DOB: _____

Address: _____

Phone: _____

FULL NAMES AND AGES OF THIS CHILD'S CHILDREN (GRANDCHILDREN)

ASSET INFORMATION VALUE ESTIMATE COMMENTS (COMPANY, BENEFICIARY, ETC.)
 (GENERAL DESCRIPTION OK, BUT SUFFICIENT TO IDENTIFY PROPERTY) (DOLLAR VALUES ARE ESTIMATES, BUT DO NOT UNDERESTIMATE.)
 (SPECIFICALLY STATE IF ANY IDENTIFIED PROPERTY IS LOCATED IN ANOTHER STATE)
 (*Separate Property* = Any property you now have that was acquired by you before your current marriage to each other or acquired by you by gift, Will or inheritance during your current marriage to each other) (*Community Property* = Assume all other property you now have)

SEPARATE PROPERTY OWNED BY JOHN

Life Insurance on John _____ _____
 (State Amount, Owner, Beneficiary)

Life Insurance on Jane _____ _____
 (State Amount, Owner, Beneficiary)

IRAs, 401(k)'s, Profit Sharing, etc. _____ _____

References _____ _____

Other Real Estate _____ _____

Stocks, Bonds, Mutual Funds _____ _____

Cash, CD's Savings, Checking _____ _____

Notes Where People Owe You Money _____ _____

Business Interests _____ _____

Cars, Jewelry, Furniture, etc. _____ _____

SEPARATE PROPERTY OWNED BY JANE

Life Insurance on John _____ _____
 (State Amount, Owner, Beneficiary)

Life Insurance on Jane _____ _____
 (State Amount, Owner, Beneficiary)

IRAs, 401(k)'s, Profit Sharing, etc. _____ _____

Residences _____ _____

Other Real Estate _____ _____

Stocks, Bonds, Mutual Funds _____

Cash, CD's Savings, Checking _____

Notes Where People Owe You Money _____

Business Interests _____

Cars, Jewelry, Furniture, etc. _____

COMMUNITY PROPERTY OWNED BY JOHN & JANE

Life Insurance on John
(State Amount, Owner, Beneficiary) _____

Life Insurance on Jane
(State Amount, Owner, Beneficiary) _____

IRAs, 401(k)'s, Profit Sharing, etc. _____

Residences _____

Other Real Estate _____

Stocks, Bonds, Mutual Funds _____

Cash, CD's Savings, Checking _____

Notes Where People Owe You Money _____

Business Interests _____

Cars, Jewelry, Furniture, etc. _____

Please provide me with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Medical Powers/Living Wills, etc.

JOHN: STATE HOW YOU WANT YOUR SEPARATE PROPERTY AND YOUR ONE-HALF OF COMMUNITY PROPERTY DIVIDED ON YOUR DEATH. NAME WHO YOU WANT TO RECEIVE IT IF THEY SURVIVE YOU AND THE NEXT PERSONS TO RECEIVE IT IF THEY DON'T SURVIVE YOU. (It is not necessary to state your wishes with regard to specific items of jewelry, personal effects and the like, unless you want to. Texas allows a written memorandum, separate from the Will, concerning such things.)

JANE: STATE HOW YOU WANT YOUR SEPARATE PROPERTY AND YOUR ONE-HALF OF COMMUNITY PROPERTY DIVIDED ON YOUR DEATH. NAME WHO YOU WANT TO RECEIVE IT IF THEY SURVIVE YOU AND THE NEXT PERSONS TO RECEIVE IT IF THEY DON'T SURVIVE YOU. (It is not necessary to state your wishes with regard to specific items of jewelry, personal effects and the like, unless you want to. Texas allows a written memorandum, separate from the Will, concerning such things.)

WHOM DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

(Spouses normally name each other first, then at least one alternate.)

John

Jane

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

WHOM DO YOU WANT TO NAME AS AGENT ON YOUR GENERAL FINANCIAL POWER OF ATTORNEY?

(Spouses normally name each other first, then at least one alternate. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

John

Jane

- | | |
|--|--|
| 1. _____
Address: _____
Phone: _____ | 1. _____
Address: _____
Phone: _____ |
| 2. _____
Address: _____
Phone: _____ | 2. _____
Address: _____
Phone: _____ |
| 3. _____
Address: _____
Phone: _____ | 3. _____
Address: _____
Phone: _____ |

WHOM DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?

(Spouses normally name each other first, then at least one alternate. This power of attorney gives the person or persons you name the power to make medical treatment decisions for you if you are not able to do so.)

John

Jane

- | | |
|--|--|
| 1. _____
Address: _____
Phone: _____ | 1. _____
Address: _____
Phone: _____ |
| 2. _____
Address: _____
Phone: _____ | 2. _____
Address: _____
Phone: _____ |
| 3. _____
Address: _____
Phone: _____ | 3. _____
Address: _____
Phone: _____ |

WHOM DO YOU WANT TO NAME AS GUARDIAN OF YOUR *PERSON* IF A GUARDIAN EVER NEEDS TO BE APPOINTED? (Spouses normally name each other first, then at least one alternate.)

John

Jane

- 1. _____
Address: _____
Phone: _____
- 2. _____
Address: _____
Phone: _____
- 3. _____
Address: _____
Phone: _____

- 1. _____
Address: _____
Phone: _____
- 2. _____
Address: _____
Phone: _____
- 3. _____
Address: _____
Phone: _____

WHOM DO YOU WANT TO NAME AS GUARDIAN OF YOUR *ESTATE* IF A GUARDIAN EVER NEEDS TO BE APPOINTED? (Spouses normally name each other first, then at least one alternate. Usually the same as the person or persons to serve as guardian of your person, but not required to be the same.)

John

Jane

- 1. _____
Address: _____
Phone: _____
- 2. _____
Address: _____
Phone: _____
- 3. _____
Address: _____
Phone: _____

- 1. _____
Address: _____
Phone: _____
- 2. _____
Address: _____
Phone: _____
- 3. _____
Address: _____
Phone: _____

Where do you plan to keep your original Wills and these Related Documents? _____

_____, Date: _____, 20____
John Client

_____, Date: _____, 20____
Jane Client