

Contact Information

Name: _____ Date of Birth: _____

Full Name (including maiden if applicable)

Home Address: _____
Street City State Zip Code

County of Residence: _____

Cell Phone: _____ Home Phone: _____

Preferred Email: _____

Date Established Residence in Texas: _____ US Citizen? _____

Employer: _____ Business Phone: _____

Business Address: _____
Street City State Zip Code

Marital Status: _____ Year Married: _____

Do you have a Will? _____ (if so, please attach a copy)

Are you a trustee or beneficiary of any trusts?

Section I. Marriage

Please list all marriages.

Spouse's Full Name Date of Marriage Date of Termination (if applicable)

Section II. Children

Name (print full name) Date of Birth

Section III. *Fiduciaries*

Please list up to three individuals who you trust to help you with financial matters in the following roles:

- **Agent** - One who is authorized to act for or in place of another and who has a fiduciary duty.
- **Executor** - Person nominated by the decedent's Will and who has been appointed by the court to act on behalf of the decedent's estate and may administer the estate with very little supervision by the probate court.
- **Trustee** - A person who has legal title to property, holding it in a trust for the benefit of the beneficiary and owes a fiduciary duty to that beneficiary.

Person 1: _____

Relationship: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Person 2: _____

Relationship: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Person 3: _____

Relationship: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Guardian of Minor Children

Person 1: _____

Relationship: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Person 2: _____

Relationship: _____ Phone Number: _____

Address: _____

Street

City

State

Zip Code

Person 3: _____

Relationship: _____ Phone Number: _____

Address: _____

Street

City

State

Zip Code

Medical Power of Attorney and Directive to Physicians

Person named has the authority to make health care decisions for you if you are incapacitated and unable to make the decisions yourself.

Person 1: _____

Relationship: _____ Phone Number: _____

Address: _____

Street

City

State

Zip Code

Person 2: _____

Relationship: _____ Phone Number: _____

Address: _____

Street

City

State

Zip Code

Person 3: _____

Relationship: _____ Phone Number: _____

Address: _____

Street

City

State

Zip Code

Section IV. Gross Taxable Estate

When you come to our meeting, be prepared to discuss:

- Bank Accounts
- House
- Real Property
- Business Interests
- Stocks
- Bonds
- Notes
- Furniture/Personal Effects
- Automobiles
- Jewelry
- Debt
- Life Insurance
- Pension benefits

- Profit-sharing plan
- Annuities
- Jointly Owned Property (w/ rights of survivorship)
- Trust Assets
- Powers of Appointment
- Other

Do you own property in another state? _____

If yes, where is it located? _____

Do you have a pet? _____

Section VII. *List of Documents to Bring to the Meeting*

- Estate Planning Documents: wills, trusts, powers of attorney, health care powers, directive to physicians, designation of guardians.
- Pre/Post-Nuptial Agreement
- Partnership Agreements
- Life Insurance/Disability Policies
- Deeds to Real Estate