

For each child, state the name of the child's other parent if not your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding any former marriages:

Name of former spouse Living? Date of Death or Divorce

_____	YES/NO
_____	YES/NO
_____	YES/NO

Please provide the following information regarding your spouse's former marriages, if any:

Name of former spouse Living? Date of Death or Divorce

_____	YES/NO
_____	YES/NO
_____	YES/NO

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Spouse presently has a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___
If so, what is the name and date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___
No: ___ If so, what is the name and date of the trust? _____

**PART II-a
YOUR DISPOSITIVE PLAN**

Describe in general terms how you wish to distribute your property under your will: _____

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
 _____ percent at age ____
 _____ percent at age ____
 _____ percent at age ____
 _____ remaining share at age ____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts

_____ percent at age ____
_____ percent at age ____
_____ percent at age ____
_____ remaining share at age

PART II-b

SPOUSE'S DISPOSITIVE PLAN

Describe in general terms how you wish to distribute your property under your will: _____

If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

_____ Outright
_____ In Trust until: _____

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

_____ Outright
_____ In Trust until reach age ____, then outright
_____ In Trust with distributions at various ages and amounts
_____ percent at age ____
_____ percent at age ____
_____ percent at age ____
_____ remaining share at age

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

- _____ Outright
- _____ In Trust until reach age ____, then outright
- _____ In Trust with distributions at various ages and amounts
 - _____ percent at age ____
 - _____ percent at age ____
 - _____ percent at age ____
 - _____ remaining share at age ____

PART III-a - YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____

Wk Phone No.: ____

Alternate Power of Attorney: _____

Address: _____

Hm Phone No.: _____

Wk Phone No.: ____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____

Address: _____

Hm Phone No.: _____

Wk Phone No.: ____

Alternate Health Care Surrogate: _____

Address: _____

Hm Phone No.: _____

Wk Phone No.: ____

PART III-b - SPOUSE'S DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____

1st Alternate Executor: _____

2nd Alternate Executor: _____

3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____
Wk Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____
Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____
Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____
Wk Phone No.: _____

REAL ESTATE: (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
County of location: _____
Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

Street address: _____

County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Current fair market value (as of _____): \$ _____

Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Current net equity in property: \$ _____

DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Income tax return (most recent)
- _____ 4. Gift tax returns (all)
- _____ 5. Texas intangible tax return (most recent)
- _____ 6. Financial statements prepared by accountant
- _____ 7. Financial information submitted to lending institutions
- _____ 8. Real and personal property tax bills
- _____ 9. Deeds to property
- _____ 10. Mortgages
- _____ 11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
- _____ 12. Government, municipal, and corporate bonds
- _____ 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 15. Stockholder or partnership agreements
- _____ 16. Pension and profit-sharing plans and summary of current benefits
- _____ 17. Leases
- _____ 18. Instruments under which client has any interest or power of appointment

- _____ 19. Prenuptial, postnuptial, or separation agreements
- _____ 20. Judgments of dissolution of marriage
- _____ 21. Court orders or agreements under which client is obligated to provide support
- _____ 22. Wills of other family members, if pertinent
- _____ 23. Employment contracts
- _____ 24. Powers of attorney
- _____ 25. Living will and designation of health care surrogate.
- _____ 26. _____
- _____ 27.