



PO Box 92342
Austin, Texas 78709
Phone (512) 524-3697

Date: _____

Where an item does not apply, indicate with N/A. If you are using the same people in different roles, use "same as ___" instead.

I. GENERAL INFORMATION

Full Name (First, Middle, Last): _____

Home address: _____

City: _____ State/ZIP: _____ County: _____

Best phone: _____ Email address: _____

Date of birth: _____ Marital status: _____

Employer: _____ Business phone: _____

Business address: _____

Do you have a Will? _____ (if so, please attach a copy) Are you the trustee of any trusts? _____

Children (living and deceased)

| Full Name (First, Middle, Last) | Birth Date |
|---------------------------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

II. PRIOR MARRIAGE(S)

To whom: _____ Date terminated: _____

To whom: _____ Date terminated: _____

III. FIDUCIARIES

CPA: _____ Ph: _____

Insurance Advisor: _____ Ph: _____

Financial Advisor: _____ Ph: _____

Indicate your first choice and at least one alternate choice.

LAST WILL AND TESTAMENT

Executor: _____ Relationship: _____

Second Choice: _____ *Relationship:* _____

Third Choice (opt): _____ *Relationship:* _____

Trustee (if needed): _____ Relationship: _____

Second Choice: _____ *Relationship:* _____

Third Choice (opt): _____ *Relationship:* _____

Distribution instructions (office use)

Have you inherited property in the last ten years? _____

STATUTORY DURABLE POWER OF ATTORNEY

Gives the person named broad power and authority to manage your property

First Choice: _____ Relationship: _____

Address: _____

Phone: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____

Third Choice (opt): _____ *Relationship:* _____

Address: _____

Phone: _____

MEDICAL POWER OF ATTORNEY

Gives the person named the authority to make health care decisions for you if you are incapacitated and unable to make the decisions yourself

First Choice: _____ Relationship: _____

Address: _____

Phone: _____

Second Choice: _____ Relationship: _____

Address: _____

Phone: _____

Third Choice (opt): _____ *Relationship:* _____

Address: _____

Phone: _____

DIRECTIVE TO PHYSICIANS

Indicates your wishes regarding medical treatment in the event of a terminable illness (a.k.a. a "living will"). No appointees but references your medical power of attorney.

DECLARATION OF GUARDIAN

Gives the person named authority to manage your assets and be in charge of your personal wellbeing should you ever need a court appointed guardian

First Choice: _____ Relationship: _____

Second Choice: _____ *Relationship:* _____

Third Choice (opt): _____ *Relationship:* _____

Guardian of Minor(s): _____ Relationship: _____

Second Choice: _____ *Relationship:* _____

Third Choice (opt): _____ *Relationship:* _____

GUARDIAN OF MINOR(S)

First Choice: _____ Relationship: _____

Second Choice: _____ *Relationship:* _____

Third Choice (opt): _____ *Relationship:* _____

IV. PRIOR TAXABLE TRANSFERS

List all gifts made by you during your lifetime in excess of \$10,000 per year per recipient.

| <u>Party to whom gift was made</u> | <u>Date</u> | <u>Value of gift at time of transfer</u> |
|--|-------------|--|
|--|-------------|--|

Attach copies of gift tax returns (if available)

V. GROSS TAXABLE ESTATE*

(use approximate values; for your records & the file only)

| <u>TESTAMENTARY ASSETS (inheritance passed by the Will)</u> | <u>Property</u> |
|---|-----------------|
| Bank Accounts | \$ |
| Real Property (Real Estate) | \$ |

| | |
|--------------------------------|-----------|
| Business Interests | \$ |
| Stocks | \$ |
| Bonds | \$ |
| Notes and Mortgages | \$ |
| Furniture and Personal Effects | \$ |
| Automobiles | \$ |
| Other | \$ |
| TOTAL | \$ |

NON-TESTAMENTARY ASSETS (Not passed through the Will)

| | |
|---|-----------|
| Life Insurance | \$ |
| Value of Pension Benefits or Profit Sharing Plan | \$ |
| Retirement Accounts (401K, IRA, Roth, 403b, etc.) | \$ |
| Annuities | \$ |
| Jointly Owned Property (with right of survivorship) | \$ |
| Trust Assets | \$ |
| Power of Appointment | \$ |
| Other | \$ |
| TOTAL | \$ |

VI. DEBTS

| | <u>Amount</u> | <u>Secured by?</u> |
|-------|---------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VII. DISPOSITION OF PROPERTY

A. Special Bequests

Special gifts you want to make in your will, primarily real estate or cash gifts. This should be a short list.

| Name of Person | Relationship | Property to be Given |
|----------------|--------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Personal possessions like antiques, firearms, and furniture may be gifted through a handwritten memo you complete at a later date and attach to the will

B. Residuary Estate (everything left after other gifts are given)

In your own words, describe the way you want the balance of your property to pass under your will in each of the following applicable circumstances. Use second sheet if necessary:

- (a) Primary.

- (b) Secondary.

- (c) Contingent (if all prior beneficiaries are deceased)

- (d) (Optional) Favorite charity or other beneficiary:

Would you like to exclude anyone from inheriting in any way: _____

VIII. VIII. LIST OF DOCUMENTS TO BRING TO INTERVIEW (ONLY WHERE APPLICABLE)

_____ Prior estate planning documents, including wills, trusts, durable powers of attorney, health care powers of attorney, directives to physician, designation of guardians, homestead designation, etc.

The remainder of these documents apply only in certain circumstances

- _____ Personal Income Tax Returns: Last 3 years (federal and state, if applicable)
- _____ Business Tax Returns (partnership or corporation), if any: Last 3 years (include P & L and balance sheets)
- _____ Available financial statements: Last 3 years
- _____ Life/Health/Disability Insurance Policies
- _____ Employee Benefit Plan Booklets (pension, Profit Sharing, Group Insurance, etc.)
- _____ Business Buy-Sell Agreements and Employment Contracts
- _____ Partnership agreements
- _____ Corporate minute books
- _____ Pre or Post-Nuptial Agreements and Divorce Decrees/Property Settlements
- _____ Gift Tax Returns
- _____ Homeowner's Policy and Personal Property Floaters
- _____ Deeds to Real Estate (for title purposes) and any information regarding title to property, cost and present fair market value
- _____ Brokerage firm statements and copies of stock certificates