



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

**Spouse**

Full Name (First, Middle, Last): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Best phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_ Year married: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

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

Are you the trustee of any trusts? \_\_\_\_\_

**Spouse**

Full Name (First, Middle, Last): \_\_\_\_\_

Best phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_

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

Are you the trustee of any trusts? \_\_\_\_\_

**Children Of This Marriage**

Full Name (First, Middle, Last) Birth Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If neither spouse has been previously been married, section II may be skipped***

**II. PRIOR MARRIAGE(S)**

**First Spouse’s Prior Marriage(s)**

To whom: \_\_\_\_\_ Date terminated: \_\_\_\_\_

**Children Of First Spouse’s Prior Marriage(s)**

Full Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you adopted your spouse’s children from the prior marriage(s)?      No      Yes

**Second Spouse’s Prior Marriage(s)**

To whom: \_\_\_\_\_ Date terminated: \_\_\_\_\_

**Children Of Second Spouse’s Prior Marriage(s)**

Full Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you adopted your spouse’s children from the prior marriage(s)?      No      Yes

**III. FIDUCIARIES**

CPA: \_\_\_\_\_ Ph: \_\_\_\_\_

Insurance Advisor: \_\_\_\_\_ Ph: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Ph: \_\_\_\_\_

***Indicate your first choice and at least one alternate choice.***

**First Spouse’s Appointments**

**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 well-being should you ever need a court appointed guardian

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Third Choice (opt): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Second Spouse's Appointments:**

**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)**

Appointees should be the same for both spouses for all children of this marriage

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</u> <u>gift was made</u>	<u>Date</u>	<u>Value of gift</u> <u>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>Separate Property</u>	<u>Community Property</u>
Bank Accounts	\$	\$
Real Property (Real Estate)	\$	\$
Business Interests	\$	\$
Stocks	\$	\$
Bonds	\$	\$
Notes and Mortgages	\$	\$
Furniture and Personal Effects	\$	\$
Automobiles	\$	\$
Other	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

<u>NON-TESTAMENTARY ASSETS (Not passed through the Will)</u>	<u>Spouse 1</u>	<u>Spouse 2</u>
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	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

VI. DEBTS

<u>Community Debts</u>	<u>Amount</u>	<u>Secured by?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Separate Debts</u>	<u>Amount</u>	<u>Secured by?</u>

VII. DISPOSITION OF PROPERTY

**First Spouse's Wishes**

**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) If your spouse survives you.
  
  - (b) If your children survive you, but your spouse does not.
  
  - (c) If neither your spouse nor children survive you (default is all to your heirs, or nearest blood relatives)
  
  - (d) (Optional) Favorite charity or other beneficiary:
- Would you like to exclude anyone from inheriting in any way: \_\_\_\_\_

**Second Spouse's Wishes**

**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 back of sheet if necessary:

(a) If your spouse survives you.

(b) If your children survive you, but your spouse does not.

(c) If neither your spouse nor children survive you (default is all to your heirs, or nearest blood relatives)

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

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

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