



1213 W. Slaughter Ln Suite 100
Austin, Texas 78748
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

NONE _____

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)? _____

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)? _____

III. FIDUCIARIES

CPA: _____ Ph: _____

Insurance Advisor: _____ Ph: _____

Financial Advisor: _____ Ph: _____

Indicate your first choice and at least one alternate choice.

Special Considerations.

1. Do you have a prenuptial or other marital agreement? _____
2. Do you have any ongoing obligations under a divorce decree? _____
3. Have you received a dementia diagnosis or a diagnosis of another memory related condition? _____
4. Were any of your assets received through gift or inheritance? _____
5. Do you own any real property (i.e. vacation home) outside the state of Texas? _____
6. Are you a party to any active or threatened litigation? _____
7. Do you have any children or grandchildren with the following special considerations?
Check all that apply.

- a. A blended family _____
 - b. Minors _____
 - c. Professions with the potential of malpractice claims (accountant, lawyer, doctor, etc.) _____
 - d. Physical or mental disability _____
 - e. Receive federal benefits as a result of a physical or mental disability _____
 - f. Money management issues _____
 - g. Creditor issues _____
 - h. Marital issues _____
 - i. Children who don't get along _____
8. Please check any items which are a priority to you, or about which you would like more information:
- a. Planned charitable giving _____
 - b. Creditor protection for a surviving spouse _____
 - c. Predator protection (remarriage, caregivers with bad intentions, etc.) for a surviving spouse _____
 - d. Creditor protection for a child/grandchild _____
 - e. Predator protection (marriage, caregivers with bad intentions, etc.) for a child/grandchild _____
 - f. The ability to restrict the age a beneficiary has full access to inheritance _____
 - g. The ability to place ongoing distribution rules on a beneficiary's inheritance _____
 - h. The ability to determine who receives any assets that remain after a beneficiary's death _____
 - i. Simplified probate proceedings after your death _____
 - j. Privacy in public records _____

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.

Party to whom		Value of gift
<u>gift was made</u>	<u>Date</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	\$	\$
Cryptocurrency	\$	\$
Stored Genetic Material	___ Yes	___ No
Mineral Rights		
Other	\$	\$
TOTAL	\$	\$

NON-TESTAMENTARY ASSETS (Not passed through the Will)

Spouse 1

Spouse 2

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

Community Debts

Amount

Secured by?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Separate Debts

Amount

Secured by?

_____	_____	_____
_____	_____	_____

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