

PERSONAL AND CONFIDENTIAL ESTATE PLANNING INFORMATION

I. PERSONAL AND FAMILY DATA

A. Husband and Wife. Date _____

Husband's Name _____ Social Security No. _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (State) (Zip Code)

County of Residence _____

Date of Birth _____ Place of Birth _____ Citizen of _____
(Country)

Resident of Texas since _____

Employer _____ Position _____

Business Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Office Phone _____ Fax _____

Mobile _____ Beeper _____ Email _____

How name is to appear on Will _____

Wife's Name _____ Social Security No. _____
(First) (Middle) (Maiden) (Last)

Date of Birth _____ Place of Birth _____ Citizen of _____
(Country)

Resident of Texas since _____

Has Wife been employed since marriage? _____ Date/Place of Marriage _____
(Yes or No)

Wife's present Employer _____ Position _____

Business Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Office Phone _____ Fax _____

Mobile _____ Beeper _____ Email _____

How name is to appear on Will _____

Preferred Mailing Address _____

If either Husband or Wife has been married before, please furnish below the following information as to each prior marriage: (1) name of former spouse; (2) date and place of the marriage; (3) place, date and cause (death, divorce, etc.) of termination of the marriage. Also, it will be helpful for you to let us review copies of any agreements or judicial orders in connection with any prior divorce, and any marital property agreements or other similar documents relating to your present marriage.

Do you have a premarital or postmarital agreement? _____

B. Children.

Please indicate whether adopted or by previous marriage, in addition to other data.

	<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>OCCUPATION</u>
1.	_____	_____	_____	_____
Child's Phone Number:	_____			
Child's Social Security Number:	_____			
Name of Child's Spouse:	_____	_____	_____	_____
Name of Child's Children:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
Child's Phone Number:	_____			
Child's Social Security Number:	_____			
Name of Child's Spouse:	_____	_____	_____	_____
Name of Child's Children:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

3. _____

Child's Phone Number: _____

Child's Social Security Number: _____

Name of Child's Spouse: _____

Name of Child's Children: _____

4. _____

Child's Phone Number: _____

Child's Social Security Number: _____

Name of Child's Spouse: _____

Name of Child's Children: _____

If there are any special circumstances with respect to any children or grandchildren (health status, special education requirements, etc.), please so indicate.

C. Others Financially Dependent upon Husband or Wife.

<u>NAME</u>	<u>ADDRESS</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>OCCUPATION</u>	<u>COMMENTS</u>
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D. Other Family Members.

1.	<u>Husband's</u>	<u>Father</u>	<u>Mother</u>
a.	Living?	_____	_____
b.	Name	_____	_____
c.	Age	_____	_____
d.	Address	_____	_____
e.	Phone No.	_____	_____
f.	Health	_____	_____
g.	Occupation	_____	_____

2. Husband's brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Address/Phone No.</u>	<u>Married?</u>

3.	<u>Wife's</u>	<u>Father</u>	<u>Mother</u>
a.	Living?	_____	_____
b.	Name	_____	_____
c.	Age	_____	_____
d.	Address	_____	_____
e.	Phone No.	_____	_____
f.	Health	_____	_____
g.	Occupation	_____	_____

4. Wife's brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Address/Phone No.</u>	<u>Married?</u>
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Comments or unique family circumstances not indicated above:

II. FINANCIAL DATA

On the reverse side of this page, please indicate (i) whether any assets were owned by either spouse before marriage or acquired thereafter by gift or inheritance and (ii) the manner in which bank accounts, deposit certificates and securities are registered.

A.	<u>Assets.</u>	<u>Approximate Value</u>
1.	Average cash balance (including savings, deposit certificates, etc.)	\$ _____
2.	Securities (stocks, bonds, mutual funds, etc.)	
a.	401(k)/IRAs (in husband's name)	
	Institution _____	\$ _____
	Institution _____	\$ _____
	Institution _____	\$ _____
b.	401(k)/IRAs (in wife's name)	
	Institution _____	\$ _____
	Institution _____	\$ _____
	Institution _____	\$ _____
c.	Other Securities (excluding 401(k)/IRAs)	
	Institution _____	\$ _____
	Institution _____	\$ _____
	Institution _____	\$ _____
3.	Residence (Deed Description)	Value \$ _____
	_____	Less Mortgage \$ _____

	_____	Real Equity \$ _____
4.	Other Real Estate	

	(Describe)		
a.	_____	Value	\$ _____

	_____	Less Mortgage	\$ _____

	_____	Real Equity	\$ _____
b.	_____	Value	\$ _____

	_____	Less Mortgage	\$ _____

	_____	Real Equity	\$ _____
5.	<u>Autos, Boats or Planes</u>		
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
6.	<u>Livestock</u>		\$ _____
	_____		\$ _____
7.	<u>Other assets, including</u> unusually valuable house-hold furnishings, etc.		
	_____	<u>Value</u>	\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
8.	<u>529 Accounts</u>		
	_____		\$ _____
	_____		\$ _____

Do you own any assets such as brokerage accounts, bank accounts or real estate which are held in a joint-tenancy account with right-of-survivorship? If so, please identify these assets and each of the joint tenants.

9. Life insurance on life of Husband:

<u>Insurance Company</u>	<u>Policy No.</u>	<u>Face Amount of Policy</u>	<u>Date of Issue</u>	<u>Present Beneficiary</u>		<u>Amount of Accidental Death Provisions</u>
				<u>Primary</u>	<u>Contingent</u>	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

10. Life insurance on life of Wife:

<u>Insurance Company</u>	<u>Policy No.</u>	<u>Face Amount of Policy</u>	<u>Date of Issue</u>	<u>Present Beneficiary</u>		<u>Amount of Accidental Death Provisions</u>
				<u>Primary</u>	<u>Contingent</u>	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If any life insurance policy listed above is owned by someone other than insured (spouse, business, etc.), please indicate by asterisk (*) and provide details below:

11. Employment benefits other than 401(k) or roll over IRAs. Please indicate in left column whether by reason of Husband's employment (H) or Wife's employment (W). On reverse side of this page, please indicate the beneficiary who has been named to receive any death benefits from any such plan, and the manner in which such payments are to be made (i.e., lump sum, annuity, etc.)

		<u>Value, if known</u>
_____	Pension Plan	\$ _____
_____	Thrift Plan	\$ _____
_____	Profit-Sharing Plan	\$ _____

_____	Other (describe) - such as government disability, retirement pay, teacher's retirement, stock options, etc.	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Person to contact for information at place of employment:

12. Inheritances. If either Husband or Wife owns inherited property not previously listed, or expects to inherit any property, please give general description, source and approximate value.

13. Beneficial interests. If either Husband or Wife is a beneficiary of any trust, or has any power or trusteeship position with respect to any trust, or has any estate in property for life, please give general description of circumstances and approximate value.

14. Other business interests (partnerships, proprietorships, closely held corporations). Please supply general information relating to ownership, nature and value of business and any plans or arrangements relating to disposition of the interest of a deceased owner.

15. Gifts. If either Husband or Wife has at any time made gifts other than customary Christmas, birthday or holiday gifts, and if any such gifts were in significant amounts (in excess of \$1,000, for example), please indicate the dates, recipients and values of such gifts, the general nature of the gift property, and whether Husband or Wife filed any United States gift tax returns in connection with such gifts.

16. Burial Plots. If either or both of you own burial plots, mausoleum or crypt spaces, or other rights of Sepulchre, please describe. Include cemetery name, location and number of plots or crypts, and in whose name held.

17. Income.

Husband's salary \$ _____/year

Wife's salary \$ _____/year

18. Any income in excess of Husband's and Wife's salaries - [describe source(s)]

_____ \$ _____/year

_____ \$ _____/year

\$ _____

B. Liabilities.

1. Average accounts payable (monthly bills) \$ _____

2. Any loans or debts other than those mortgages shown above - (describe)

\$ _____

(Place an asterisk (*) by any debt or mortgage which is covered by credit life insurance).

III. MISCELLANEOUS DATA

A. List below the name, address and telephone number of:

1. Your insurance agent: _____

2. The accountant or other person who prepares your income tax return:

3. Your stockbroker: _____

4. Your banker or other financial adviser:

5. Your Primary Physician:

B. Do you have a safe deposit box? _____

If so, what bank? _____

In whose name(s) listed? _____

Location of key? _____

C. Please indicate the location of the following documents.

Document Location

Adoption Papers _____

Bankbooks _____

Bank Statements _____

Birth Certificates _____

Cancelled Checks _____

Death Certificates _____

Deeds (Property) _____

Divorce Decrees _____

Document

Location

Insurance Policies

Life

Health & Accident

Homeowners

Auto

Other

Leases

Marriage Certificate

Mortgage Papers

Securities - Stocks & Bonds

Social Security Cards

Tax Returns

Titles - Auto, Homeowners
Title Policy, etc.

Wills

Other (_____)

Other (_____)

IV. DISPOSITION OF PROPERTY

A. In general, describe the way Husband wants his property to pass upon his death. (Use back of page if necessary).

1. If Wife survives Husband.

2. If Wife does not survive Husband.

3. If neither Wife nor Children (grandchildren) survive Husband.

4. Special provisions with respect to any specific properties?

5. Special charitable bequests?

If any of those selected to receive properties are not citizens of the United States, please indicate who such persons are in the "Remarks" section.

B. In general, describe the way Wife wants her property to pass upon her death. (Use back of page if necessary).

1. If Husband survives Wife.

2. If Husband does not survive Wife.

3. If neither Husband nor Children (grandchildren) survive Wife.

4. Special provisions with respect to any specific properties?

5. Special charitable bequests?

If any of those selected to receive properties are not citizens of the United States, please indicate who such persons are in the "Remarks" section.

V. SELECTION OF REPRESENTATIVES

List below the name, age, relationship and address of the person (or the name and address of the Bank) that Husband and Wife wish to have serve in the capacities indicated:

A. Husband's Will.

Executor _____

Alternate Executor(s) _____

Trustee(s) _____

Alternate Trustee(s) _____

Guardian(s) _____

Alternate Guardian(s) _____

B. Wife's Will.

Executor _____

Alternate Executor(s) _____

Trustee(s) _____

Alternate Trustee(s) _____

Guardian(s) _____

Alternate Guardian(s) _____

- C. If either Husband or Wife has a Will presently in existence, please indicate date and location. In addition, it would be helpful for us to be able to review copies, if they are available.

- D. If either Husband or Wife has selected a bank to serve as executor or trustee, may we provide the bank a copy of this form?

VI. REMARKS