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PLEASE COMPLETE THE FOLLOWING AS COMPLETELY AS POSSIBLE.
List all names as you wish them to appear in legal documents.

HUSBAND

Name: _____ Mobile Phone: _____
Address: _____ Home Phone: _____
Work Phone: _____
E-mail: _____ Facsimile: _____
Employer: _____ Date of Birth: _____
Position/Title: _____ Social Security #: _____
U.S. Citizen? Yes No Driver's License #: _____

HUSBAND'S MARITAL HISTORY

List Marriages (name of spouse, date of marriage/divorce/death).

_____ Divorce Death
_____ Divorce Death
_____ Divorce Death
_____ Divorce Death

Is your wife your primary beneficiary? Yes No If No, explain _____
Do you have a premarital agreement? Yes No

WIFE

Name: _____ Mobile Phone: _____
Address: _____ Home Phone: _____
Work Phone: _____
E-mail: _____ Facsimile: _____
Employer: _____ Date of Birth: _____
Position/Title: _____ Social Security #: _____
U.S. Citizen? Yes No Driver's License #: _____

WIFE'S MARITAL HISTORY

List Marriages (name of spouse, date of marriage/divorce/death).

_____ Divorce Death
_____ Divorce Death
_____ Divorce Death
_____ Divorce Death

Is your husband your primary beneficiary? Yes No If No, explain _____
Do you have a premarital agreement? Yes No

For Attorney Use:		Drafts e-mailed/mailed: _____
<input type="checkbox"/> Will	<input type="checkbox"/> POA	Closing Appointment: _____
<input type="checkbox"/> Trust	<input type="checkbox"/> MPOA	
<input type="checkbox"/> LLC	<input type="checkbox"/> ADHC	
<input type="checkbox"/> Other	<input type="checkbox"/> DG	

Do you or your Spouse have a Last Will and Testament? Yes No

Do you or your spouse have a Trust or are you the beneficiary of a Trust? Yes No

Have you or your spouse made any gifts in excess of \$15,000.00 to any individual during any one calendar year? Yes No

Have you or your spouse ever filed a Gift Tax return (Form 709)? Yes No

CHILDREN

List all children, living or deceased; list their names as you wish them to appear in legal documents. If you wish to exclude a child, please make an appropriate indication.

Full Name	Date of Birth	Age	Address

Have you adopted any children? Yes No

Have you treated any non-biological children as your own? Yes No

Do any of the children have special needs or receive government benefits? Yes No

Explain: _____

YOUR ESTATE

Describe to whom you wish your Estate to pass upon your death, including any specific gifts.

Do any of the Beneficiaries have special needs or receive government benefits? Yes No

Explain: _____

CHARITABLE BEQUESTS

Describe any charitable bequests you wish to make, including any specific bequests to charity.

BURIAL AND CREMATION INSTRUCTIONS BEQUESTS

If you wish to include burial or cremation instructions in your estate planning documents, please describe such burial or cremation instructions below.

DESIGNATION OF GUARDIAN FOR MINORS

If you have a child under the age of 18 and wish to designate a person or persons to serve as guardian for such child, please identify the person or persons below, including their name, address, and telephone number.

HUSBAND'S EXECUTORS AND TRUSTEES

	Executors: ¹	Address:	Telephone #
1.			
2.			
3.			
4.			

	Trustees: ²		
1.			
2.			
3.			
4.			

WIFE'S EXECUTORS AND TRUSTEES *CHECK HERE IF SAME AS HUSBAND'S*

	Executors:	Address:	Telephone #
1.			
2.			
3.			
4.			

	Trustees:		
1.			
2.			
3.			
4.			

Have any of the named Executors or Trustees been convicted of a felony? Yes No
Should Executor be paid? Yes No
Should Trustees be paid? Yes No

¹ The Executor is the person that is responsible for gathering your assets upon your death, satisfying debts of the Estate, and distributing your Estate to the beneficiaries named in your Will.
² The Trustee will manage any Trusts, and assets owned by such Trusts, created by your Will.

HUSBAND'S POWERS OF ATTORNEY

Please identify the individuals that you wish to serve as your agents below.

MEDICAL POWER OF ATTORNEY

Name:

Address:

1st Medical Agent:

2nd Medical Agent:

3rd Medical Agent:

DURABLE POWER OF ATTORNEY

Name:

Address:

1st Agent:

2nd Agent:

3rd Agent:

WIFE'S POWERS OF ATTORNEY

Please identify the individuals that you wish to serve as your agents below

MEDICAL POWER OF ATTORNEY

Name:

Address:

1st Medical Agent:

2nd Medical Agent:

3rd Medical Agent:

DURABLE POWER OF ATTORNEY

Name:

Address:

1st Agent:

2nd Agent:

3rd Agent:

PROFESSIONAL ADVISORS

Please identify your professional advisors

Accountant: _____

Insurance Agent: _____

Financial

Advisor: _____

ASSETS

Estimated Net Worth: \$ _____
 Estimated Total Value of Community Property: \$ _____
 Estimated Total Value of Husband's Separate Property: \$ _____
 Estimated Total Value of Wife's Separate Property: \$ _____

Does the total value of your Estate exceed \$22,800,000.00 for a married couple (or \$11,400,000 for an individual)?
 Yes No

REAL ESTATE

For all Real Estate (Land/houses, etc., identify the Location/Address (include County of location).

Address:	Equity:	Value:

OIL, GAS, AND MINERAL INTERESTS

For all oil, gas, and minerals that you own, identify the county in which such minerals are located.

BANKS AND BROKERAGE ACCOUNTS

Identify all Institutions at which you maintain an account.

Name of Bank/Brokerage Firm	Acct #	Beneficiary Designations	Value

OTHER ASSETS (Business interests, Retirement Accounts, Digital Assets such as bitcoin, Trademarks, Patents, Copyrights, etc.)

Have you created a list or database of your automatic draft payments? Yes No

Have you created a list or database of your passwords for digital accounts? Yes No