Estate Planning Fact Finder

Thank you for contacting us about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Mail the completed form to us, email us, or bring it with you to your estate planning appointment.

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Personal Information

	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Social Security Number:		
Occupation:		
Work Telephone:		
Work Fax:		
Mobile/Pager:		
Email Address:		
Home Address (Include County):		
Home Telephone:		
Home Fax:		
Date and Place of Marriage:		
If you have lived outside Texas during this marriage, please list the states and dates of residence:		
	You	Your Spouse
If either of you were previously married, list the dates of prior marriage, name or prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:		

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Personal Information (continued)

Describe and real estate owned by either or both of you outside Texas:	
Location of Safe Deposit Box (if any):	
Name and Telephone of Your Insurance Agent (if any):	
Name and Telephone of Your Accountant (if any):	
Name and Telephone of Your Broker or Financial Planner (if any):	
Other Information:	

Children / Grandchildren		
Full Name	Birth Date	Address (If Child Does Not Reside With You)

Estimated Net Worth (Assets less liabilities)

You:
Your Spouse:
Combined:

Estate Planning Goals

What do you want to do with your assets and/or business when you die:
You:
Your Spouse:

What are your biggest concerns when it comes to your estate?
You:
Your Spouse:

Do you have parents, siblings or children that have special needs or considerations?: ☐ **Yes** ☐ **No** **If yes, what are they?**
You:
Your Spouse:

Estate Planning Goals (continued)

Do either of you have any continuing obligations under a divorce decree or property settlement?
You:
Your Spouse:

Do you have any schools, charities, hospitals or other special organizations you want to remember in your estate planning?
You:
Your Spouse:

The next questions will be about your assets and how they are owned. Before we start, what else do you want to tell me about your plans for your estate?
You:
Your Spouse:

Business Ownership

Company Name: _____ In business since: _____

Entity: ☐ C Corp ☐ S Corp ☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietor ☐ Other:

What type of business is it? (describe) _____

Who started the business? _____

Number of employees: _____ Annual Revenue: $ _____ Annual Cash Flow: _____

Ownership: ☐ You ☐ Your Spouse Both Percentage Ownership: ☐ 100% ☐ _____ %

If less than 100%, who are the other owners and how much do they own? _____

What are your plans for the business when you retire? _____

If you become disabled, what happens to the business? _____

Are any other family members involved in the business? _____

How are the other family members affected if you die? _____

In the event of your death, what happens to the business? _____

Is there an existing buy-sell agreement? ☐ Yes ☐ No What type? _____

How is the purchase price determined? _____

If more than one company owned, complete the following:

Company Name: _____ In business since: _____

Entity: ☐ C Corp ☐ S Corp ☐ Limited Liability Company ☐ Partnership ☐ Sole Proprietor ☐ Other:

What type of business is it? (describe) _____

Who started the business? _____

Number of employees: _____ Annual Revenue: $ _____ Annual Cash Flow: _____

Ownership: ☐ You ☐ Your Spouse Both Percentage Ownership: ☐ 100% ☐ _____ %

If less than 100%, who are the other owners and how much do they own? _____

What are your plans for the business when you retire? _____

If you become disabled, what happens to the business? _____

Are any other family members involved in the business? _____

How are the other family members affected if you die? _____

In the event of your death, what happens to the business? _____

Is there an existing buy-sell agreement? ☐ Yes ☐ No What type? _____

How is the purchase price determined? _____

Assets

Description	Current Fair Market Value	How is Title Held? *
Bank Accounts *(not IRAs and Retirement Plans)*		

Personal Information

Stocks, Bonds and Mutual Funds *(not IRAs and Retirement Plans)*		
Closely Held Business, Partnerships, Etc.		
Real Estate		
Automobiles, Boats, Etc.		
Other Property		
Total		

***If you know if the property is your separate property, your wife's separate property or community property, so state. If not, state the name(s), which appear on the title, if known, and state whether the property is held with right of survivorship, if known.**

Liabilities

Description	Amount
Mortgages	
Other Liabilities	
Total	

Income Information

Income Source	You	Your Spouse
Salary/Bonus		
Other Income		
Income Tax Bracket		

Life Insurance and Annuities

Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

Qualified Plan / IRA Assets

Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit
Total				

Dispositive Plan:

(Describe in general terms how you wish to leave your property at death)

Other Beneficiaries

(Information about persons other than your spouse and descendants who you wish to benefit.)			
Full Name	Age	Address	Relationship to You

Current Estate Plan

	You	Your Spouse
Existing wills?	☐ Yes ☐ No	☐ Yes ☐ No

When was your will last updated? _____

Existing revocable trust?	☐ Yes ☐ No	☐ Yes ☐ No

When was your revocable living trust last updated?_____

Does your will or revocable trust establish a credit shelter trust or otherwise use your estate tax exemption amount?

☐ Yes ☐ No ☐ Yes ☐ No

Have you determined how your estate will be divided at death? (Use % of estate or specific $ amount)

You

What are the provisions for your spouse/Client#2?_____

What are the provisions for the children? _____

Do you want to equalize children's inheritances? ☐ Yes ☐ No

Other: _____

Your Spouse

What are the provisions for you/Client#1?_____

What are the provisions for the children?_____

Do you want to equalize children's inheritances? ☐ Yes ☐ No

Other: _____

Have you used any of your lifetime exemption amount? If yes, please indicate specific amount.

You:_____ Your Spouse:_____

	You	Your Spouse
Existing powers of attorney for financial matters?	☐ Yes ☐ No	☐ Yes ☐ No
Existing powers of attorney for health care?	☐ Yes ☐ No	☐ Yes ☐ No

Current Gifts:

Annual Amount: $_____ To Whom: _____

Made by: ☐ You ☐ Your Spouse ☐ Both

Annual Amount: $_____ To Whom: _____

Made by: ☐ You ☐ Your Spouse ☐ Both

Annual Amount: $_____ To Whom: _____

Made by: ☐ You ☐ Your Spouse ☐ Both

Annual Amount: $_____ To Whom: _____

Made by: ☐ You ☐ Your Spouse ☐ Both

Annual Amount: $_____ To Whom: _____

Made by: ☐ You ☐ Your Spouse ☐ Both

Advisors and Fiduciaries

List name, address, home telephone and relationship to you for each person)		
	You	**Your Spouse**
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		
Property Agent: (The property agent is the person who will handle your financial affairs if you become incapacitated.)		
First Alternate Property Agent:		
Second Alternate Property Agent:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		
Attorney		
Accountant:		

Notes