



21815 Oak Park Trails Drive Katy TX 77450
Tel: 281-646-0644 Fax: 281-676-3758

Date: _____

Client Information Form (Estate Planning)

Spouse 1 Information

First Name _____ Middle Name _____ Family Name _____

Name you prefer to be called _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Employer _____ Job Title _____

Work Address _____

Spouse 2 Information

First Name _____ Middle Name _____ Family Name _____

Name you prefer to be called _____

Date of Birth _____ Birthplace _____ SSN# _____ DL# _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone: Home _____ Cell _____ Work _____

Email _____

Employer _____ Job Title _____

Word Address _____

Date of Marriage _____ Place of Marriage _____

Do you have any children? _____ If yes, how many? _____

Please provide the names and contact information of each child:

1. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

2. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

3. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

4. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

5. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

6. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

7. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

8. Name _____ Birthdate _____

Address _____

Telephone _____ Name of other parent _____

Asset Information

Do you have any of the following assets:

- | | | | |
|--|-------------------|---|----------------|
| <input type="checkbox"/> Life Insurance | Value \$ _____ | <input type="checkbox"/> CDs | Value \$ _____ |
| <input type="checkbox"/> Retirement Plans | Value \$ _____ | <input type="checkbox"/> Brokerages | Value \$ _____ |
| <input type="checkbox"/> Residence | Value \$ _____ | <input type="checkbox"/> Loans to Others | Value \$ _____ |
| <input type="checkbox"/> Other Real Estate | Value \$ _____ | <input type="checkbox"/> Businesses | Value \$ _____ |
| <input type="checkbox"/> Checking Accounts | Value \$ _____ | <input type="checkbox"/> Vehicles | Value \$ _____ |
| <input type="checkbox"/> Savings Accounts | Value \$ _____ | <input type="checkbox"/> Personal Effects | Value \$ _____ |
| <input type="checkbox"/> Other | Description _____ | | Value \$ _____ |

Do you own any real property outside the State of Texas? _____

If yes, address _____

Describe topics you want to discuss and how you want your estate to be distributed upon your death

Do you anticipate someone contesting the terms of your Last Will and Testament? _____

If yes, who and why _____

Spouse 1

Who do you want to name as the **Executor** of your estate?

1st Executor

Name _____

Relation _____

Address _____

Phone Number _____

2nd Executor

Name _____

Relation _____

Address _____

Phone Number _____

3rd Executor

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Executor** of your estate?

1st Executor

Name _____

Relation _____

Address _____

Phone Number _____

2nd Executor

Name _____

Relation _____

Address _____

Phone Number _____

3rd Executor

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Trustee** of your trusts (if any)?

1st Trustee

Name _____

Relation _____

Address _____

Phone Number _____

2nd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

3rd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Trustee** of your trusts (if any)?

1st Trustee

Name _____

Relation _____

Address _____

Phone Number _____

2nd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

3rd Trustee

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Guardian** of your minor children?

1st Guardian

Name _____

Relation _____

Address _____

Phone Number _____

2nd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

3rd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Guardian** of your minor children?

1st Guardian

Name _____

Relation _____

Address _____

Phone Number _____

2nd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

3rd Guardian

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** on your **Durable Power of Attorney**?

1st Agent

Name _____

Relation _____

Address _____

Phone Number _____

2nd Agent

Name _____

Relation _____

Address _____

Phone Number _____

3rd Agent

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** on your **Durable Power of Attorney**?

1st Agent

Name _____

Relation _____

Address _____

Phone Number _____

2nd Agent

Name _____

Relation _____

Address _____

Phone Number _____

3rd Agent

Name _____

Relation _____

Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** on your **Medical Power of Attorney?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** on your **Medical Power of Attorney?**

1st Guardian
Name _____
Relation _____
Address _____

Phone Number _____

2nd Guardian
Name _____
Relation _____
Address _____

Phone Number _____

3rd Guardian
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 1

Who do you want to name as the **Agent** of your **HIPAA Release?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to name as the **Agent** of your **HIPAA Release?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 1

Who do you want to appoint as your **Agent to dispose of your remains?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Spouse 2

Who do you want to appoint as your **Agent to dispose of your remains?**

1st Agent
Name _____
Relation _____
Address _____

Phone Number _____

2nd Agent
Name _____
Relation _____
Address _____

Phone Number _____

3rd Agent
Name _____
Relation _____
Address _____

Phone Number _____

Do you have specific instructions for the disposition of your remains? If yes, please detail below

HOW DID YOU HEAR ABOUT OUR PRACTICE?

Internet Search/LIVING Magazine (Katy)/Cinco Ranch Newsletter/Cross Creek Ranch Newsletter/Yellow Pages/Local Directory/Referred (if you were referred please indicate by whom)
