



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**

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

If yes, who and why \_\_\_\_\_

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**Spouse 1**

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

1<sup>st</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Executor

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Trustee

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Guardian

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Guardian  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Guardian  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Guardian  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**Spouse 1**

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

1<sup>st</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

**Spouse 2**

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

1<sup>st</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

2<sup>nd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

3<sup>rd</sup> Agent  
Name \_\_\_\_\_  
Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

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

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**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)

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