

PERSONAL AND CONFIDENTIAL ESTATE PLANNING INFORMATION

I. PERSONAL AND FAMILY DATA

Date _____

A.

Name _____
(First) (Middle) (Last)

Social Security No. _____

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 _____

Preferred Mailing Address _____

How name is to appear on Will _____

If you have 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.

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

2. Brother and Sisters:

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

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 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	Value
	(Deed Description)	\$ _____
	_____	Less Mortgage
	_____	\$ _____
	_____	Real Equity
		\$ _____
4.	Other Real Estate	
	(Describe)	
a.	_____	Value
	_____	\$ _____
	_____	Less Mortgage
	_____	\$ _____
	_____	Real Equity
		\$ _____
b.	_____	Value
	_____	\$ _____
	_____	Less Mortgage
	_____	\$ _____
	_____	Real Equity
		\$ _____

5. Autos, Boats or Planes

	\$ _____
	\$ _____
	\$ _____
	\$ _____

6. Livestock

	\$ _____
	\$ _____

7. Other assets, including unusually valuable house-hold furnishings, etc.

	<u>Value</u>
	\$ _____
	\$ _____
	\$ _____

8. 529 Accounts:

	\$ _____
	\$ _____

9. Life Insurance:

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

10. Employment benefits other than 401(k) or roll over IRAs. 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:

11. Inheritances. If you own property not previously listed, or expects to inherit any property, please give general description, source and approximate value.

12. Beneficial interests. If you are 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.

13. 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.

14. Gifts. If you have 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 United States gift tax returns were filed in connection with such gifts.

15. Burial Plots. If 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.

16. Income.

Salary \$ _____/year

17. Any income in excess of salary - [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.

<u>Document</u>	<u>Location</u>
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 you wish your property to pass upon your death.

B. Special provisions with respect to any specific properties?

C. 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 you wish to have serve in the capacities indicated:

A. Executor _____

Alternate Executor(s) _____

Trustee(s) _____

Alternate Trustee(s) _____

Guardian(s) _____

Alternate Guardian(s) _____

B. If you already have a Will 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.

C. If you have selected a bank to serve as executor or trustee, may we provide the bank a copy of this form?

VI. REMARKS