



FARNER & PERRIN, LLP  
LEAVING A LASTING LEGACY

### ESTATE PLANNING INFORMATION

Appointment Date: \_\_\_\_\_

Appointment Location:  Galleria Office  The Woodlands Office

#### Husband's Information

Full name: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Texas Resident Since: \_\_\_\_\_

U.S. Citizen?  Y  N

If no, please indicate citizenship: \_\_\_\_\_

#### Contact information

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Wife's Information

Full name: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Texas Resident Since: \_\_\_\_\_

U.S. Citizen?  Y  N

If no, please indicate citizenship: \_\_\_\_\_

#### Contact information

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

How do you prefer to receive drafts of documents (including invoices)?  Email  USPS

Date of marriage: \_\_\_\_\_ Do you have a premarital or post-marital agreement?  Y  N

Have either of you been married before?  Y  N

If so, please list any divorce obligations at death  
(such as any required life insurance paid to ex-spouse): \_\_\_\_\_

Are either of you a party to a lawsuit?  Y  N

Do either of you currently anticipate being a party to a lawsuit?  Y  N

Does any beneficiary of your estate receive any governmental benefit payments (specify SSI or SSD) or have any special considerations or needs requiring different treatment in your Will, including concerns related to health, marriage, drug or alcohol abuse?  Y  N

If yes, please describe: \_\_\_\_\_

For Office Use only:  
Entered in:  
\_\_\_ BCM \_\_\_ T/S \_\_\_ H/D

# FINANCIAL INFORMATION

List all community property under HUSBAND; mark with \* if husband's separate property

	<u>HUSBAND</u> (list all community property here; mark with * if separate property)	<u>WIFE</u> (her separate property only)
Life Insurance (show face value; list in column of whoever is the Insured Spouse; indicate term insurance with "T")	_____	_____
Residence	_____	_____
Less: mortgage	( _____ )	( _____ )
Other Texas Real Property (indicate improved or unimproved)	_____	_____
Other Real Property, not in Texas (separately list any property/minerals in other states and indicate which state)	_____	_____
IRAs, Qualified Plans (401k, profit sharing, pension, etc.) (indicate "IRA" or type of employer plan)	_____	_____
Non-Qualified Employee Benefits (indicate deferred compensation, stock options, restricted stock or other)	_____	_____
Annuities, commercial (issued by insurance company, not company pension)(mark "H," "W," or "JT" to indicate annuitant)	_____	_____
Publicly-traded Stocks, Bonds and Mutual Funds (other than IRAs/qualified plans/annuities)	_____	_____
Closely-held Stocks (mark "S" if S corp)	_____	_____
Partnership Interests (mark "GP" for general partner, "LP" for limited partner interest, or "LLC" for limited liability company)	_____	_____
Cash (checking, savings, CDs)	_____	_____
Notes or Accounts Receivable from any individual	_____	_____
Collections, Boats, Jewelry, Etc.	_____	_____
Other Assets (describe)	_____	_____
Trusts (of which you are a beneficiary)	_____	_____
Expected Inheritances	_____	_____
Debts (other than home mortgage)	( _____ )	( _____ )
TOTAL VALUE OF COMBINED ESTATES	_____	_____

## ESTATE PLAN

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### HUSBAND

1. *Describe in your own words how you wish your property to pass:*

If your wife is living at your death: \_\_\_\_\_  
\_\_\_\_\_

If your wife is not living at your death: \_\_\_\_\_  
\_\_\_\_\_

2. *Choice of Executor:*

If your wife is living at your death: \_\_\_\_\_

If your wife is not living at your death: \_\_\_\_\_  
\_\_\_\_\_

3. *Choice of Trustees:*

If your wife is living at your death (trusts for wife): \_\_\_\_\_

If your wife is not living at your death (trusts for other person(s)): \_\_\_\_\_  
\_\_\_\_\_

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### WIFE

1. *Describe in your own words how you wish your property to pass:*

If your husband is living at your death: \_\_\_\_\_  
\_\_\_\_\_

If your husband is not living at your death: \_\_\_\_\_  
\_\_\_\_\_

2. *Choice of Executor:*

If your husband is living at your death: \_\_\_\_\_

If your husband is not living at your death: \_\_\_\_\_  
\_\_\_\_\_

3. *Choice of Trustees:*

If your husband is living at your death (trusts for husband): \_\_\_\_\_

If your husband is not living at your death (trusts for other person(s)): \_\_\_\_\_  
\_\_\_\_\_

## INCAPACITY PLANNING FOR HUSBAND

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1. *Financial power of attorney:*

If your wife is living: \_\_\_\_\_

If your wife is deceased when your power of attorney is needed: \_\_\_\_\_

2. *Medical power of attorney:*

If your wife is living:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

If your wife is deceased when your power of attorney is needed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

3. *Persons entitled to receive your private health information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

4. Do you wish to sign a “living will” (stating your end of life wishes if extraordinary measures may be employed)?

Y    N

(Note that your medical agent may make life-death decisions of this kind if you choose not to sign a living will.)

## INCAPACITY PLANNING FOR WIFE

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1. *Financial power of attorney:*

If your husband is living: \_\_\_\_\_

If your husband is deceased when your power of attorney is needed: \_\_\_\_\_

2. *Medical power of attorney:*

If your husband is living:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

If your husband is deceased when your power of attorney is needed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

3. *Persons entitled to receive your private health information:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone contact: \_\_\_\_\_

4. Do you wish to sign a “living will” (stating your end of life wishes if extraordinary measures may be employed)?

Y     N

(Note that your medical agent may make life-death decisions of this kind if you choose not to sign a living will.)