



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 or children): \_\_\_\_\_

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

## CHILDREN'S INFORMATION

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Full Name: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  his  hers  joint  
Occupation: \_\_\_\_\_  
Special considerations: \_\_\_\_\_  
Marital status:  single  married  divorced  
If any children, please list names and ages: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  his  hers  joint  
Occupation: \_\_\_\_\_  
Special considerations: \_\_\_\_\_  
Marital status:  single  married  divorced  
If any children, please list names and ages: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  his  hers  joint  
Occupation: \_\_\_\_\_  
Special considerations: \_\_\_\_\_  
Marital status:  single  married  divorced  
If any children, please list names and ages: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  his  hers  joint  
Occupation: \_\_\_\_\_  
Special considerations: \_\_\_\_\_  
Marital status:  single  married  divorced  
If any children, please list names and ages: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## FINANCIAL INFORMATION

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

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

## 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 children/grandchildren): \_\_\_\_\_

\_\_\_\_\_

May each child of yours serve as trustee of his/her own trust immediately after your and your wife's deaths?  Y  N

If no, then upon what age should your Will allow each child of yours to serve as trustee of own trust? \_\_\_\_\_

And who should your Will appoint as his/her trustee if you and your wife die before such age? \_\_\_\_\_

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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 children/grandchildren): \_\_\_\_\_

\_\_\_\_\_

May each child of yours serve as trustee of his/her own trust immediately after your and your husband's deaths?  Y  N

If no, then upon what age should your Will allow each child of yours to serve as trustee of own trust? \_\_\_\_\_

And who should your Will appoint as his/her trustee if you and your husband die before such age? \_\_\_\_\_

## INCAPACITY PLANNING FOR HUSBAND

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Guardian(s) for any minor child(ren) (if no minors, mark "N/A"): \_\_\_\_\_

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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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Guardian(s) for any minor child(ren) (if no minors, mark "N/A"): \_\_\_\_\_

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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.)