



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

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: _____

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: _____

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: _____

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

	<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 (<u>other than</u> 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 child(ren)	_____	_____
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

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? _____

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

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

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

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

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.)