



Estate Planning Information Update

Update Appointment Date: _____

Client's Information:

Contact Information

Full Name: _____

Cell: _____

Prefer to be Called: _____

Work: _____

Date of Birth: _____

Email: _____

Home Address: _____

County: _____

City, State, Zip: _____

Home Phone: _____

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

Have you had any change in your marital status? Yes No

Recently Married Yes No

Recently Divorced Yes No

If recently married, do you have a premarital or post-marital agreement? Yes No

If you answered yes to the above question, please attach a copy to this form for our files.

If recently divorced, are there any divorce obligations at death, such as required life insurance to pay to ex-spouse or children? Yes No

No changes. All above information is correct. If any information is incorrect, please make changes above.

******Please attach a copy of your current balance sheet/list of assets to this form or complete Page 3.******

For Office Use only:

Entered in:

T/S Amicus H/D

CHILDREN'S INFORMATION

Full Name: _____ Please indicate whether child is:
Nickname: _____ Date of Birth: _____ Natural Adopted
 Male Female Other: _____
Special considerations: _____
Marital status: single married divorced Occupation: _____
If any children, please list names and ages: _____
Address: _____ Phone: _____

Full Name: _____ Please indicate whether child is:
Nickname: _____ Date of Birth: _____ Natural Adopted
 Male Female Other: _____
Special considerations: _____
Marital status: single married divorced Occupation: _____
If any children, please list names and ages: _____
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Special considerations: _____
Marital status: single married divorced Occupation: _____
If any children, please list names and ages: _____
Address: _____ Phone: _____

FINANCIAL INFORMATION

Mark all separate property with "H" (HUSBAND) or "W" (WIFE)

****ATTACH BALANCE SHEET OR COMPLETE THIS PAGE****

COMMUNITY

SEPARATE
(Mark "H" or "W")

Life Insurance (show face value; mark "H" or "W" to note who 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 child(ren)

Collections, Boats, Jewelry, Etc.

Other Assets (describe)

Trusts (mark "H" or "W" to indicate beneficiary)

Expected Inheritances (mark "H" or "W")

Debts (other than home mortgage)

(_____)

(_____)

TOTAL VALUE OF COMBINED ESTATES

CHARITABLE BENEFICIARY INFORMATION

List the precise legal name of each charity, including any intended local chapter (if it is a national organization), or its foundation if this label applies. You will need to obtain this with specificity from the charitable organization.

HUSBAND:

Name of Charity/Foundation

Federal tax identification number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Initial here if you alternatively authorize us to obtain the above information at our standard hourly rates, which is an additional charge.

WIFE:

Name of Charity/Foundation

Federal tax identification number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Initial here if you alternatively authorize us to obtain the above information at our standard hourly rates, which is an additional charge.