



FARNER & PERRIN, LLP  
LEAVING A LASTING LEGACY

## ESTATE PLANNING INFORMATION

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

### 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: \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

Do you have an existing life insurance trust?  Y  N

For Office Use only:

Entered in:

\_\_\_ Clio \_\_\_ T/S \_\_\_ H/D

## CHILDREN'S INFORMATION

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Name (First Name, Middle Initial, Last Name): \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
 Male  Female  his  hers  joint

Special considerations: \_\_\_\_\_

Marital status:  single  married  divorced Occupation: \_\_\_\_\_

If any children, please list names and ages: \_\_\_\_\_

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

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Name (First Name, Middle Initial, Last Name): \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
 Male  Female  his  hers  joint

Special considerations: \_\_\_\_\_

Marital status:  single  married  divorced Occupation: \_\_\_\_\_

If any children, please list names and ages: \_\_\_\_\_

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

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Name (First Name, Middle Initial, Last Name): \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
 Male  Female  his  hers  joint

Special considerations: \_\_\_\_\_

Marital status:  single  married  divorced Occupation: \_\_\_\_\_

If any children, please list names and ages: \_\_\_\_\_

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

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Name (First Name, Middle Initial, Last Name): \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Please indicate whether child is his/hers/joint:  
 Male  Female  his  hers  joint

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

\_\_\_\_\_

## 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 applicable):

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? \_\_\_\_\_

4. Do you intend to include any charitable organization in your estate plan, even as a very remote contingent beneficiary?

Y  N If YES, complete last page.

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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 applicable):

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? \_\_\_\_\_

4. Do you intend to include any charitable organization in your estate plan, even as a very remote contingent beneficiary?

Y  N If YES, complete last page.

## 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.)

## CHARITABLE BENEFICIARY INFORMATION

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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.

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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.