



**FARNER & PERRIN, LLP**  
LEAVING A LASTING LEGACY

ATTORNEYS AT LAW

Wendy M. Farnier  
Diane V. Perrin  
Lance McLain

5444 Westheimer, Suite 1260  
Houston, Texas 77056  
(713) 622-0900

## M E M O R A N D U M

**TO:** Prospective and Returning Clients

**FROM:** Farnier & Perrin Staff

**RE:** Legal Names on Documents

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**ALL NAMES** should be spelled out precisely as you intend them to appear in your legal documents. Making later changes to names that recur throughout legal documents is much more difficult than it might appear, causing a delay in finalizing your drafts.

In addition, we suggest (but do not insist) that you consider use of MIDDLE INITIALS rather than full middle names. Longer names can prove cumbersome in the future. Some people are surprised that the precise names shown in legal documents are required on bank and brokerage accounts, as well as tax returns, for years to come.

We request and appreciate your careful attention to these details.



## ESTATE PLANNING INFORMATION

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

### Client's Information

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

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

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

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

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

### Contact information

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

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

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

U.S. Citizen?  Y  N

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

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

City, State, Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

Have 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 you a party to a lawsuit?  Y  N

Do 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:

\_\_\_ Clio

\_\_\_ H/D

## CHILDREN'S INFORMATION

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

## FINANCIAL INFORMATION

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Life Insurance (show face value; 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, 403b, profit sharing, pension, etc.) (Provide details on page 7) \_\_\_\_\_

Non-Qualified Employee Benefits (indicate deferred compensation, stock options, restricted stock or other) \_\_\_\_\_

Annuities, commercial (issued by insurance company, not company pension) \_\_\_\_\_

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 (of which you are a beneficiary) \_\_\_\_\_

Expected Inheritances \_\_\_\_\_

Debts (other than home mortgage)

( \_\_\_\_\_ )

TOTAL VALUE OF ESTATE \_\_\_\_\_

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ESTATE PLAN

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

\_\_\_\_\_  
\_\_\_\_\_

2. Choice of Executor:

\_\_\_\_\_  
\_\_\_\_\_

3. Choice of Trustees:

\_\_\_\_\_  
\_\_\_\_\_

May each child of yours serve as trustee of his/her own trust immediately after your death?  Y  N

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

Who should your Will appoint as his/her trustee if you die before such age? \_\_\_\_\_

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 the following:

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.

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.

## INCAPACITY PLANNING

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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:*

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

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

2. *Medical power of attorney:*

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

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

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

Alternate:

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.)

