



**PRELIMINARY INFORMATION
FOR
ESTATE PLANNING,
WILLS, TRUSTS AND FAMILY LIMITED
PARTNERSHIPS**

TO OUR PROSPECTIVE CLIENTS:

To follow is a questionnaire wherein we ask for various information concerning your family and financial situation. Everyone's station in life is unique and the way that our probate, estate tax and income tax systems handles each person's individual situation is different. For these reasons, it is imperative that you answer each questions with as specific and as accurate information as possible. Please rest assured your answers to these questions are absolutely private and will not be shared outside this office. Further, they are protected by the attorney-client privilege from being disclosed to any outside party. We must, in order to be the best representative of your legal interests and to provide you with the best legal services possible, have up-to-date and accurate information concerning you, your family and your finances.

When you have completed this information, please contact our offices to schedule a consultation with one of our attorneys in order to discuss and decide upon an estate plan which best suits your needs and future desires. Our offices may be reached at the following phone numbers: **Bowie (940-872-8500); Decatur (940) 627-1460**. Please bring this information sheet with you when you come in for that consultation. We look forward to working with you to help assure your future goals.

PRELIMINARY INFORMATION

LAST NAME: _____ SPOUSE LAST NAME: _____

FIRST NAME: _____ SPOUSE FIRST NAME: _____

MIDDLE: _____ MIDDLE: _____

JR., SR. II, III, IV? _____ JR., SR. II, III, IV? _____

Maiden Name: _____ Maiden Name: _____

Other Names Used: _____ Other Names Used: _____

Name I prefer to be called: _____ Name I prefer to be called: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SSN: _____ SSN: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

HUSBAND'S CELL PHONE: _____ WIFE'S CELL PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

How do you prefer for mail to be addressed? (i.e. "Mr. and Mrs.") _____

Where is the best place to reach each of you? _____

Husband

Wife

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

CHILDREN: (1) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(2) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(3) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(4) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(5) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(6) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

(7) _____ Age: ____
address: _____ Date of Birth: _____
phone: _____ Place of Birth: _____

Is it possible for the Husband and Wife to have or adopt more children? ___Yes ___No

Is this the Husband and Wife's first marriage? ___Yes ___No (If not, indicate who is the parent of each child)

(1) Child: _____ Biological Father/Mother: _____
(2) Child: _____ Biological Father/Mother: _____
(3) Child: _____ Biological Father/Mother: _____
(4) Child: _____ Biological Father/Mother: _____
(5) Child: _____ Biological Father/Mother: _____
(6) Child: _____ Biological Father/Mother: _____
(7) Child: _____ Biological Father/Mother: _____

Are the Husband and Wife both US citizens? Husband: ___Yes ___No Wife: ___Yes ___No

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance on Husband	_____	_____
Life Insurance on Wife	_____	_____
Husband's IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Wife's IRAs, 401(k)'s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CD's Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____
Cars, Jewelry, Furniture, etc.	_____	_____
TOTAL ESTATE	=====	

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? Yes ___ No ___ If yes, whom may we thank? _____

If no, how did you hear about our office? _____

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?
(Spouses normally name each other first.)

Husband	Wife
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)

Name(s)	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?
(Spouses normally name each other first. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

Husband	Wife
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?
(Spouses normally name each other first.)

Husband	Wife
1. _____	1. _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
2. _____	2. _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
3. _____	3. _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

Where do you plan to keep your original documents? _____