

II. FAMILY INFORMATION

A. CHILDREN

1. Name: _____ Circle one:
Address: _____ ours/his/hers
Date of Birth: _____
Special Needs/Considerations: _____
Potential problems/hardships/issues: _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
Does this child have children? Yes No If yes, how many? _____
2. Name: _____ Circle one:
Address: _____ ours/his/hers
Date of Birth: _____
Special Needs/Considerations: _____
Potential problems/hardships/issues: _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
Does this child have children? Yes No If yes, how many? _____
3. Name: _____ Circle one:
Address: _____ ours/his/hers
Date of Birth: _____
Special Needs/Considerations: _____
Potential problems/hardships/issues: _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
Does this child have children? Yes No If yes, how many? _____
4. Name: _____ Circle one:
Address: _____ ours/his/hers
Date of Birth: _____
Special Needs/Considerations: _____
Potential problems/hardships/issues: _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____

Does this child have children? Yes No If yes, how many? _____

Do you have any deceased children? Yes No
If yes, did they leave surviving children? Yes No

III. ASSET INFORMATION

1. Please estimate the value of your estate (including life insurance):

- Less than or equal to \$1,500,000
- Greater than \$1,500,000 but less than \$3,000,000
- Greater than \$3,000,000

2. Do you own any real property that is not located in the State of Texas?

Yes No

3. Do you own any separate property? If so, please complete the following:

<u>Owned by (H/W)</u>	<u>Description</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. What is the total value of all IRA accounts and retirement accounts held in wife's name?
\$ _____

5. What is the total value of all IRA accounts and retirement accounts held in husband's name? \$ _____

6. Please provide the following details about any and all real estate you own:

<u>Owner</u>	<u>Property</u>	<u>Approx.</u>	<u>Debt</u>
	<u>Address</u>	<u>Value</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

IV. IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any other states while married to each other?		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

V. FINANCIAL AND BUSINESS ADVISERS

Please provide the names, addresses, and telephone numbers of your business and financial advisors, including:

1. Stockbroker

2. Accountant

3. Banker

4. Business associates or partners

5. Life insurance agent

6. Financial advisor

VI. YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting a spouse.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member.	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Avoiding a guardianship in case of a disability.	_____
Avoiding will contest or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children's inheritance from the possibility of failed marriages.	_____
Protect children's inheritance in the event of a surviving spouse's remarriage.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____

Other Concerns (Please list below):
