ESTATE PLANNING DATA

Date:	<u> </u>				
	<u>lde</u>	ntification			
Name:		_ Place of Birth:			
Last Four of Social Securi	ty No:	_ Date of Birth:	Date of Birth:		
US Citizen: Yes	No e-mail:				
Work Phone:		Cell Phone:			
Spouse's Name:		Place of Birth:	Place of Birth:		
Last Four of Social Securi	ty No:	Date of Birth:	Date of Birth:		
US Citizen: Yes	No e-mail:				
Work Phone:		Cell Phone:			
Home Address: (including	County):				
Home Phone:					
Date of Marriage:					
Do you have a Marital Pro	perty Agreement? Y	es No (If so, please provide	me with a copy.)		
Children's Names, Addres	-	r <u>s,</u> <u>Dates of Birth</u>	Child of H/W/Both		
·					
2					
3.					
4					
5					

If you have more than 5 children, please provide the above information on a separate page.

		Estimated Value of Your Estate					
\$							
\$		401(k), pension plans, annuities, IRAs Stocks/Bonds/Mutual Funds (not held in retirement accounts) Cash/Savings Household furnishings/personal effects/motor vehicles					
\$							
\$							
\$							
\$	Life Insurance Business or partnership interests Digital assets, including e.g. cryptocurrency and NFTs Other (Describe:						
\$							
\$							
\$							
\$		SUBTOTAL					
\$	Estimated Total Debts and Mortgages Owed						
\$		TOTAL					
•	•	y property outside of Texas? Yes No escribe (location, type, how held)					
	-	or your spouse inherited or do either of you expect to inherit any property? escribe (location, type, how held)	Yes	No			
	-	or your spouse the creator or beneficiary of any trust? Yes No escribe (trust name, date, trustee, grantor) Your Fiduciaries					
you w for ea	vish to have ach of you.	ame, address, and telephone number of each person (and/or the bank or trust content in the fiduciary capacities indicated. The choices selected do not have to the In addition, you may name two persons to serve jointly, you should name alternated alternates. Husband Wife	be the	same			
Exec	utor(s):						
Trust	ee(s):						
	dian(s) for r Children:						
Agen Incap	its for pacity:						
		Disposition of Your Property					
		please plan to describe the way you want your property to pass at your death, ke beneficiaries you may want to include in the event the primary beneficiaries do no					
1.	Immedia	iate Family Members:					
2.	Extende	ed Family:					
3.	Charit <u>ies</u>	95:					
4.	Other:						

Davis & Willms, PLLC Page 2

Additional Identification of Family Members

	Grandchildren's Names	Dates of Birth	Born to which Child of Yours
1.			
2.			
3.			
4.			
5.			
6.			
Husba		e following family members and, if liv	ing, indicate city, state, and country of
reside			
	Mother:		
	Father:		
Wife:			
	Please provide names of the	e following family members and, if liv	ing, indicate city, state, and country of
reside		,	,,,,
	Mother:		
	()		
		Miscellaneous Information	
Husba	nd		
	Address:		
	Phone:	Fax:	
	Military Service: Yes	No If yes, give details (Branch, D	ates of Service. Status):
	,	, , ,	, ,
Wife			
	Employer:		
	Position:		
	Address:		
	Phone:	Fax:	
	Military Service: Yes	No If yes, give details (Branch, I	Dates of Service, Status):

Davis & Willms, PLLC Page 3

Davis & Willms, PLLC Page 4