ESTATE PLANNING DATA

Date:			
	Identification		
Name:	Place of Birth:		
Last Four of Soc	ocial Security No: Date of Birth:		
US Citizen:	Yes/No e-mail:		
Home Address:	: (including County):		
Home Phone:	Work Phone:		
Cell Phone:			
	Estimated Value of Your Estate		
\$		es. etc.)	
\$			
	401(k), pension plans, annuities, IRAs		
	Stocks/Bonds/Mutual Funds (not held in retirement accounts)		
	Cash/Savings		
\$			
\$			
\$	Digital assets including, e.g., cryptocurrency and NFTs		
\$	Business or partnership interests		
\$		Other (Describe:)	
\$	SUBTOTAL		
\$	TOTAL		
	y property outside of Texas? Yes/No		
If yes, please de	escribe (location, type, how held)		
•	ited or do you expect to inherit any property? Yes/No		
If yes, please de	escribe (location, type, how held)		
•	eator or beneficiary of any trust? Yes/No lescribe (trust name, date, trustee, grantor)		

Your Children

Children's Names, Addresses, Telephone Numbers, and		Name of Child's
Social Security Numbers	Dates of Birth	Other Parent
1		
2.		
3.		
4.		
5		

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

Your Fiduciaries

List below the name, address, and telephone number of each person (and/or the bank or trust company) that you wish to have serve in the fiduciary capacities indicated. In addition, you may name two persons to serve jointly, you should name alternates, and you may name several alternates.

Disposition of Your Property

At our meeting, please plan to describe the way you want your property to pass at your death, keeping in mind any contingent beneficiaries you may want to include in the event the primary beneficiaries do not survive you.

1.	Immediate Family Members:
2.	Extended Family:

- 2.
- 3. Charities:
- 4. Other:_____

Additional Identification of Family Members

	Grandchildren's Names	Dates of Birth	Born to which Child of Yours
1.			
2.			
3.			
4.			
5.			
6.			

Please provide names of the following family members and, if living, indicate city, state, and country of residence:

Mother:		
Sister(s):		
	Miscellaneous Information	
Employer:		
Phone:		
Military Service: Yes/No	If yes, give details (Branch, Dates of Service, State	us):

If you have ever been married, please furnish the following information as to each marriage:

- 1. Name of former spouse:_____
- 2. Date and place of marriage: _____
- 3. Date of termination of marriage and whether due to death or divorce:

4. If you are subject to an ongoing obligation in favor of a former spouse, please describe and provide a copy of the divorce decree or other document.

If you are a current or potential party to a lawsuit, please describe: _____

If you are a party to a buy-sell agreement with regard to any company, please describe and provide a copy of each agreement:

Do any potential beneficiaries of your estate receive governmental benefits or have any special needs or problems that should be addressed in your estate planning? Yes/No (Please plan to discuss when we meet.)

Other Estate Planning Advisors Accountant: _____ Primary Personal Bank: _____ Stockbroker or other Investment Advisor: _____ Insurance Agent: _____