

Estate Planning Fact Sheet for a Married Person

Date Prepared _____

If you feel some items do not apply to you, or have questions regarding same, just leave the item blank.

General Info:	Spouse 1	Spouse 2
Full Legal Name	_____	_____
Home Address	_____ _____	_____ _____
Age	_____	_____
Birthdate	_____	_____
Home #	_____	_____
Work #	_____	_____
Cell #	_____	_____
Email	_____	_____
Occupation	_____	_____
US Citizen?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TX Resident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan to remain TX resident?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	Child 1	Other Info / Special Needs
Name	_____	
Birthdate	_____	
Address	_____	
Address	_____	
Phone #	_____	
Child of Current Marriage?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, Name of other Parent: _____	
Married:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

	Child 2	Other Info / Special Needs
Name	_____	
Birthdate	_____	
Address	_____	
Address	_____	
Phone #	_____	
Child of Current Marriage?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, Name of other Parent: _____	
Married:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

	Child 3	Other Info / Special Needs
Name	_____	
Birthdate	_____	
Address	_____	
Address	_____	
Phone #	_____	
Child of Current Marriage?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, Name of other Parent: _____	
Married:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

	Child 4	Other Info / Special Needs
Name	_____	
Birthdate	_____	
Address	_____	
Address	_____	
Phone #	_____	
Child of Current Marriage?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, Name of other Parent: _____	
Married:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

	Child 5	Other Info / Special Needs
Name	_____	
Birthdate	_____	
Address	_____	
Address	_____	
Phone #	_____	
Child of Current Marriage?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, Name of other Parent: _____	
Married:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Children:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Additional Information	
Have you ever executed a marital property agreement (e.g., prenuptial agreement or partition agreement) that may affect the ownership of your property?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do either of you own real property (including any oil, gas, or mineral interests) outside of Texas?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have either of you ever made a gift in excess of the federal annual exclusion amount (currently \$14,000) OR have previously filed a Federal Gift Tax Return (Form 709)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Have either of you ever created a trust or are either of you a beneficiary of a trust?
[If yes, please bring a copy of the relevant trust agreement(s) to our initial meeting]

Yes: No:

Have either of you ever been divorced?

Yes: No:

If yes, please complete the following:

- i. Husband Wife
- ii. Name of ex-spouse: _____
- iii. Date of divorce: _____
- iv. Place of divorce: _____

- i. Husband Wife
- ii. Name of ex-spouse: _____
- iii. Date of divorce: _____
- iv. Place of divorce: _____

Have either of you had a spouse predecease you?

Yes: No:

If yes, please complete the following:

- i. Husband Wife
- ii. Deceased spouse's name: _____
- iii. Date of death: _____
- iv. Residence at date of death: _____
- v. Did spouse leave a Will: Yes No If yes, please provide us with a copy.

- i. Husband Wife
- ii. Deceased spouse's name: _____
- iii. Date of death: _____
- iv. Residence at date of death: _____
- v. Did spouse leave a Will: Yes No If yes, please provide us with a copy.

Balance Sheet

Please list below your major assets. Estimated values are fine. If any of your more substantial assets have a low basis in relation to their current value, please indicate.

	Basic Description	Approximate Value
Real Estate		
Cash / Marketable Securities		
Personal Property		
IRAs / Qualified Retirement Plans (include owner and beneficiary)		
Life Insurance (include owner and beneficiary)		
Intellectual Property (e.g. copyrights, patents)		
Liabilities		

Executor of Estate: *The person who has the duty to settle your estate. The executor handles the affairs of the estate, including filing tax returns, paying debts, managing assets and ultimately distributing probate assets to the estate beneficiaries. You may name two or more executors to act together if you wish. The executor may be a relative, a friend, a bank with an active trust department, or a private trust company. You may designate different individuals than your spouse.*

Appointments	Name and Relationship	Address and Phone number
Initial Executor		
First Alternate Executor		
Second Alternate Executor		

Trustee of Trusts: *if trusts are to be created under Will, handles the affairs of the trust, manages the trust assets, files the trust tax returns, and makes trust distribution decisions. This person or institution should be capable of making sound business and investment decisions, be available for the duration of the trust(s), and be sensitive to the financial needs of the beneficiaries.*

Appointments	Name and Relationship	Address and Phone number
Initial Trustee		
First Alternate Trustee		
Second Alternate Trustee		

Lifetime Trusts: If you are interested in trusts designed to minimize estate taxes at your descendants' deaths and provide protection for them from divorce/remarriage and creditors, you can create trusts for their benefit that will last for their entire lifetimes. We typically allow each descendant to become co-trustee of his or her trust at one age, and sole trustee several years later. The most common ages selected are either 25 and 30, or 30 and 35. However, these ages can be any you select. Please list the ages at which a descendant (i.e., child or grandchild) may become: **co-trustee** _____ of his/her trust, and/or **sole trustee** _____ of his or her trust.

Guardian for Minors: *If you have minor children, these are the persons who would have the responsibility for raising your minor children in the event of both your deaths. This person may be different than the individuals named as executor or trustee, but should be a person (or couple) with whom you would entrust your children.*

Appointments	Name and Relationship	Address and Phone number
Initial Guardian(s)		
First Alternate Guardian(s)		

Durable Power of Attorney: Designates an agent to make business and financial decisions for you. The agent will have authority to pay your bills, sell your assets, etc. Naming an agent can save a great deal in court costs and legal fees, but you should only name someone you trust completely. You may appoint multiple agents to act jointly or independently. Also, you can make the agent’s authority effective immediately, or only upon your disability. We often recommend that you make the power of attorney effective immediately to avoid the need for your agents to convince third parties (e.g., stock brokers, bankers, title examiners) that you are disabled in order to use the power of attorney.

Wife’s Appointments	Name and Relationship	Address and Phone number
Initial Agent for Wife		
First Alternate Agent for Wife		
Second Alternate Agent for Wife		
Husband’s Appointments	Name and Relationship	Address and Phone number
Initial Agent for Husband		
First Alternate Agent for Husband		
Second Alt. Agent for Husband		

Medical Power of Attorney: Designates an agent to make medical decisions for you, if you are unable to do so. You may also express a desire that you do not want your life prolonged by artificial means by signing a directive to physicians and family or surrogates, commonly known as a “living will.” Both of these documents are known as advance directives. Joint agents are permissible, but we recommend naming agents one-at-a-time.

Wife’s Appointments	Name and Relationship	Address and Phone number
Initial Agent for Wife		
First Alternate Agent for Wife		
Second Alternate Agent for Wife		
Husband’s Appointments	Name and Relationship	Address and Phone number
Initial Agent for Husband		
First Alternate Agent for Husband		
Second Alt. Agent for Husband		

Contingent Beneficiaries of your estate (aka the “Tragedy Clause” or “Common Accident Clause”): The person(s) who would like to receive your estate if your spouse and children fail to survive you. This may be your nearest relatives, also known as your “heirs at law”, or you may name specific individuals (or charities).

Wife	Name and Relationship	Address and Phone Number
Husband		