

Estate Planning Fact Sheet for a Single 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:

Full Legal Name _____

Preferred Name _____

Other Names
Known As
(AKAs) _____

Home Address _____

City, State, Zip _____

Age _____

Birthdate _____

Home # _____

Work # _____

Cell # _____

Email _____

Occupation _____

US Citizen? Yes: No:

TX Resident? Yes: No:

Plan to remain Yes: No:

TX resident?:

| Child 1 | | Other Info / Special Needs |
|------------------|---|----------------------------|
| Name | _____ | |
| Age | _____ | |
| Birthdate | _____ | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address | _____ | |
| City, State, Zip | _____ | |
| Phone # | _____ | |
| 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 | _____ | |
| Age | _____ | |
| Birthdate | _____ | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address | _____ | |
| City, State, Zip | _____ | |
| Phone # | _____ | |
| 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 | _____ | |
| Age | _____ | |
| Birthdate | _____ | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address | _____ | |
| City, State, Zip | _____ | |
| Phone # | _____ | |
| Married: | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| Children: | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |

| Child 4 | | Spouse or Other Info / Special Needs |
|------------------|---|--------------------------------------|
| Name | _____ | |
| Age | _____ | |
| Birthdate | _____ | |
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address | _____ | |
| City, State, Zip | _____ | |
| Phone # | _____ | |
| Married: | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| Children: | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |

| Child 5 | | Spouse or Other Info / Special Needs |
|-----------|---|--------------------------------------|
| Name | _____ | |
| Birthdate | _____ | |
| Gender | _____ | |
| | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Address | _____ | |
| Address | _____ | |
| Phone # | _____ | |
| 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: No:
[If yes, please provide us with a copy]

Do you own real property (including any oil, gas, or mineral interests) outside of Texas? Yes: No:

Have you ever made a gift in excess of the federal annual exclusion amount OR have previously filed a Federal Gift Tax Return (Form 709)? Yes: No:

Have you ever created a trust or are you a beneficiary of a trust? Yes: No:
[If yes, please bring a copy of the relevant trust agreement(s) to our initial meeting]

Do you have a current Will? Yes: No:
[If yes, please provide us with a copy]

Have you ever been divorced? Yes: No:

If yes, please complete the following:

i. Name of ex-spouse:

ii. Date of divorce:

iii. Place of divorce:

Have you had a spouse predecease you? Yes: No:

If yes, please complete the following:

i. Deceased spouse's name:

ii. Date of death:

iii. Residence at date of death:

iv. 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) | | |
| Burial Plots, if any | | |

ESTATE PLAN STATEMENT

In your own words, describe how you want your property to pass upon your death:

SPECIAL GIFTS

List any property you want to go to specific beneficiaries. Normally we provide in the Will a paragraph that will allow you to leave with your Will a handwritten memo or codicil stating where personal property should pass. However, this is not suggested for cash or real estate. Therefore, if there is any specific beneficiary for any cash or real estate, please provide the name and property description.

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 children (or primary beneficiaries) 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).

| <i>Name and Relationship</i> | <i>Percentage and/or Share</i> | <i>Address and Phone Number</i> |
|------------------------------|--------------------------------|---------------------------------|
| | | |
| | | |

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.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone number</i> |
|---------------------------|------------------------------|---------------------------------|
| 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.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone number</i> |
|--------------------------|------------------------------|---------------------------------|
| Initial Trustee | | |
| First Alternate Trustee | | |
| Second Alternate Trustee | | |

Types of Trust: *If you are interested in trusts that be distributed during the lifetime of the beneficiary, please list the ages at which the beneficiary will receive the trust assets.*

During the Lifetime:

Age beneficiary is to receive trust assets (in full): _____

If instead, you wish the trust to terminate in stages, list the ages and the percentage of the trust to be distributed.

Trust Terminates in Stages:

Age: _____ Percentage _____

Age: _____ Percentage _____

Age: _____ Percentage _____

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 you're a descendant may become:

- (i) co-trustees _____ and*
- (ii) sole trustee _____ of his or her trust.*

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.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone number</i> |
|-----------------------|------------------------------|---------------------------------|
| Initial Agent | | |
| First Alternate Agent | | |
| Second Alt. Agent | | |

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.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone number</i> |
|-----------------------|------------------------------|---------------------------------|
| Initial Agent | | |
| First Alternate Agent | | |
| Second Alt. Agent | | |

HIPPA Release: In addition to your agents listed in the Medical Power of Attorney, please provide us with any other persons that you would like to give permission to access your medical records and speak to doctors. The HIPAA does not give anyone the right to make medical decisions.

| <i>Name and Relationship</i> | <i>Address</i> | <i>Phone Number</i> |
|------------------------------|----------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Guardian for Yourself: These are the persons who would have the responsibility for looking after your person and/or estate in the event that you are unable to do so. This person may be different than the individuals named as executor or trustee, but should be a person with whom yourself with.

| <i>Appointments</i> | <i>Name</i> | <i>Relationship</i> |
|---------------------------|-------------|---------------------|
| Initial Guardian | | |
| First Alternate Guardian | | |
| Second Alternate Guardian | | |

List individuals (and their relationship to you) that you wish to disqualify and to not be considered to be appointed as your legal guardian:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone Numbers</i> |
|-----------------------------|------------------------------|----------------------------------|
| Initial Guardian(s) | | |
| First Alternate Guardian(s) | | |

Appointment of Agent to Control Disposition of Remains: *Also known as the Burial POA, designates your agent to control the disposition of your remains and to follow through with any special request that you may have.*

| <i>Appointments</i> | <i>Name and Relationship</i> | <i>Address and Phone number</i> |
|------------------------|------------------------------|---------------------------------|
| Initial Agent | | |
| First Alternate Agent | | |
| Second Alternate Agent | | |

Special Wishes for Burial: *Please complete and describe whether you wish to be buried or cremated. Also discuss any special restrictions you may have (i.e. ashes scattered at sea or placed in a certain cemetery)*