

CLIENT INFORMATION WORKSHEET

PART 1: PERSONAL DATA

Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Are you a U.S. citizen? Yes: ___ No: ___

Spouse's Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: __ Zip: _____ Home #: _____
Employer: _____ Work #: _____
E-mail: _____ Cell #: _____
Alias Names (if any): _____
Is spouse a U.S. citizen? Yes: ___ No: ___

CHILDREN'S INFORMATION:

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent if not your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name: _____ Age: _____ Residence: _____

GRANDCHILDREN'S INFORMATION

Name: _____ Age: _____ Birthdate: _____ Names of parents: _____

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Former Marriages: Please provide the following information regarding any former marriages:

Name of former spouse Living? Date of Death or Divorce

_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

Please provide the following information regarding your spouse's former marriages, if any:

Name of former spouse Living? Date of Death or Divorce

_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

Previous Estate Planning

Do you presently have a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Spouse presently has a Will? Yes: ___ No: ___ If so, what is the date on the Will? _____

Was it signed in Texas? Yes: ___ No: ___ If not, where? _____

Amended Will or Codicil? Yes: ___ No: ___ Date: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: ___ No: ___ If so, what is the name and date of the trust? _____

PART III-a – FIRST PERSON DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

PART III-b - SECOND PERSON DESIGNEES (if different than above)

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

PART IV - ASSETS

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: _____
Traveler's checks: _____
Money orders: _____

ACCOUNTS

Name of financial institution: _____
Account number: (last four digits) _____
Type of account: (checking/savings/money market/CD/Other _____)

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Account number: (last four digits) _____
Type of account: (checking/savings/money market/CD/Other _____)

Name of financial institution: _____
Account number: (last four digits) _____
Type of account: (checking/savings/money market/CD/Other _____)

REAL ESTATE: (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
County of location: _____
Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____

Street address: _____
County of location: _____
Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____

Street address: _____
County of location: _____
Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____

MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: _____
Type of interest: _____
County of location: _____
Name of producer/operator: _____
Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____
Type of interest: _____
County of location: _____
Name of producer/operator: _____
Current value (as of _____): \$ _____

Name of mineral interest/lease/well: _____
Type of interest: _____
County of location: _____
Name of producer/operator: _____
Current value (as of _____): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS:

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (last four numbers): _____
Value (as of _____)\$ _____

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Name of account (and subaccounts if any): _____
Account Title: _____
Account number (last four numbers): _____
Value (as of _____)\$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (last four numbers): _____
Value (as of _____)\$ _____

STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
 Number of shares: _____
 Type: (common stock/preferred stock/bond/other _____)
 Certificate numbers: _____
 In possession of: _____
 Name of exchange on which listed: _____
 Current market value (as of _____): \$ _____

Name of security: _____
 Number of shares: _____
 Type: (common stock/preferred stock/bond/other _____)
 Certificate numbers: _____
 In possession of: _____
 Name of exchange on which listed: _____
 Current market value (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
 Address: _____
 Type of business organization: _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Value (as of _____): \$ _____

Name of business: _____
 Address: _____
 Type of business organization: _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Value (as of _____): \$ _____

BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT _____, OTHER _____)

Employee: _____

Employer: _____

Starting date of creditable service: _____ Percent vested: _____

Account Title: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance (as of _____): \$ _____

LIFE INSURANCE:

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____

ANNUITIES:

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Current value (as of _____): \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____

Year: ____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____

OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

SAFE DEPOSIT BOXES:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

**PART V
FIRST PERSON'S ADVISORS**

Name of Accountant: _____

Address: _____

Phone No.: _____

Name of Insurance Agent: _____

Address: _____

Phone No.: _____

Name of Investment Advisor: _____

Address: _____

Phone No.: _____

Other: _____

Other: _____

**SECOND PERSON'S ADVISORS
(If different from above)**

Name of Accountant: _____

Address: _____

Phone No.: _____

Name of Insurance Agent: _____

Address: _____

Phone No.: _____

Name of Investment Advisor: _____

Address: _____

Phone No.: _____

Other: _____

Other: _____

INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Income tax return (most recent)
- _____ 4. Gift tax returns (all)
- _____ 5. Texas intangible tax return (most recent)
- _____ 6. Financial statements prepared by accountant
- _____ 7. Financial information submitted to lending institutions
- _____ 8. Real and personal property tax bills
- _____ 9. Deeds to property
- _____ 10. Mortgages
- _____ 11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
- _____ 12. Government, municipal, and corporate bonds
- _____ 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- _____ 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- _____ 15. Stockholder or partnership agreements
- _____ 16. Pension and profit-sharing plans and summary of current benefits
- _____ 17. Leases
- _____ 18. Instruments under which client has any interest or power of appointment
- _____ 19. Prenuptial, postnuptial, or separation agreements
- _____ 20. Judgments of dissolution of marriage
- _____ 21. Court orders or agreements under which client is obligated to provide support
- _____ 22. Wills of other family members, if pertinent
- _____ 23. Employment contracts
- _____ 24. Powers of attorney
- _____ 25. Living will and designation of health care surrogate.
- _____ 26. _____
- _____ 27. _____