

**ROGERS LAW FIRM**

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**ESTATE PLANNING FACT SHEET**

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

I.

**PERSONAL AND FAMILY INFORMATION**

(Give full names, no initials)

**HUSBAND'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

PRIMARY OCCUPATION: \_\_\_\_\_

ADDRESS (INCLUDE COUNTY): \_\_\_\_\_  
(Street Address) (City) (County) (State) (Zip Code)

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, COUNTRY \_\_\_\_\_



**WIFE'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

PRIMARY OCCUPATION: \_\_\_\_\_

ADDRESS (INCLUDE COUNTY): \_\_\_\_\_  
(Street Address) (City) (County) (State) (Zip Code)

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, COUNTRY \_\_\_\_\_



MARRIAGE DATE: \_\_\_\_\_ PLACE \_\_\_\_\_

**CHILDREN**  
(indicate if adopted)

(If any child listed is not a child of your present marriage, please place an asterisk (\*) beside that child's name.)

**1ST CHILD**

**2ND CHILD**

NAME _____	_____
ADDRESS _____	_____
PHONE _____	_____
BIRTH DATE _____	_____
SPOUSE _____	_____
CHILDREN _____	_____
NAMES & BIRTH DATES _____	_____
_____	_____
_____	_____

**3RD CHILD**

**4TH CHILD**

NAME _____	_____
ADDRESS _____	_____
PHONE _____	_____
BIRTH DATE _____	_____
SPOUSE _____	_____
CHILDREN _____	_____
NAMES & BIRTH DATES _____	_____
_____	_____
_____	_____

**OTHER DEPENDENTS**

**1ST**

**2ND**

NAME _____	_____
ADDRESS _____	_____

PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**3RD**

**4TH**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

II.

**PROFESSIONAL ADVISORS**

ACCOUNTANT

INSURANCE AGENT

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STOCK BROKER

REGULAR PHYSICIAN

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FINANCIAL PLANNER

BANK OFFICER

NAME \_\_\_\_\_

\_\_\_\_\_

FIRM \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_

( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**III.**  
**NOMINATIONS**

**A. EXECUTOR(S):**

HUSBAND'S WILL

WIFE'S WILL

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_



**B. TRUSTEE(S) (if different from Executor)**

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HUSBAND'S WILL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_

WIFE'S WILL

\_\_\_\_\_

\_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_



**C. GUARDIAN(S) OF MINOR CHILDREN**

FOR HUSBAND

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

FOR WIFE

\_\_\_\_\_

\_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(     ) \_\_\_\_\_

\_\_\_\_\_

D. **STATUTORY DURABLE POWER OF ATTORNEY** (Person to make financial decisions on your behalf when you are unable to do so)

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
FOR HUSBAND

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_  
\_\_\_\_\_  
FOR WIFE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_

In the event of your later incapacity, if a court somehow determined that you needed a guardian of your person and estate, would you want the persons named as your attorney-in-fact and successor under your Statutory Durable Power of Attorney to serve as such guardian? YES \_\_\_\_\_ NO \_\_\_\_\_



E. **MEDICAL POWER OF ATTORNEY** (Person to make health care decisions on your behalf when you are unable to do so)

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

**F. LIVING WILL (Person authorized to remove life support if you are determined to have a terminal or irreversible condition)**

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

( ) \_\_\_\_\_

**IF YOU ARE IN A TERMINAL OR IRREVERSIBLE CONDITION, AND ARE EXPECTED TO DIE WITHIN SIX MONTHS, WOULD YOU WANT TO BE KEPT ALIVE SOLELY BY INTRAVENOUS FEEDING OR FLUIDS?**

HUSBAND: YES \_\_\_\_\_ NO \_\_\_\_\_

WIFE: YES \_\_\_\_\_ NO \_\_\_\_\_

**IV.**

**YOUR PROPERTY**

**1. YOUR HOUSE:**

Address (including county): \_\_\_\_\_

- (a) Do you own your home? \_\_\_\_\_
- (b) Are you still making payments? \_\_\_\_\_
- (c) How much is left to pay off your loan? \_\_\_\_\_
- (d) How much could the house sell for? \_\_\_\_\_

**2. OTHER LAND YOU OWN OR ARE BUYING — LIST LOCATION (INCLUDING COUNTY):**

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

3. **DO YOU OWN ANY OIL AND GAS PROPERTIES, LIKE ROYALTIES?** \_\_\_\_\_

If so, please list:

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_

4. **LIST ALL VEHICLES YOU OWN (INCLUSIVE OF AUTOMOBILES, MOBILE HOMES, TRAILERS, AND RECREATIONAL VEHICLES):**

(i) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_

(ii) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_

(iii) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_

5. **LIST ALL OF YOUR FINANCIAL ACCOUNTS (CHECKING AND SAVINGS):**

(a) Type of account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

(b) Type of account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

(c) Type of account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

6. **DO YOU HAVE ANY KIND OF RETIREMENT ACCOUNTS?** \_\_\_\_\_

If so, please list:

(a) Type of Account: \_\_\_\_\_  
Name of financial institution: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current account balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

(b) Type of Account: \_\_\_\_\_  
Name of financial institution: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current account balance: \$ \_\_\_\_\_ as of \_\_\_\_\_



7. **DO YOU HAVE ANY CERTIFICATES OF DEPOSIT?** \_\_\_\_\_

If so, please list:

- (a) Name of financial institution: \_\_\_\_\_  
C. D. in the name of: \_\_\_\_\_  
Amount of C. D.: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_  
When purchased: \_\_\_\_\_ Maturity Date: \_\_\_\_\_
- (b) Type of account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

8. **DO YOU HAVE ANY OTHER ACCOUNTS SUCH AS BROKERAGE ACCOUNTS?** \_\_\_\_\_

If so, please list:

- (a) Name of brokerage firm or mutual fund: \_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_
- (b) Name of brokerage firm or mutual fund: \_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

9. **DO YOU HAVE ANY PUBLICLY TRADED STOCKS, BONDS, AND OTHER SECURITIES?** (Include securities not in a brokerage account, mutual fund, or retirement fund.)

If so, please list:

- (a) Name of issuer: \_\_\_\_\_  
Registered owner: \_\_\_\_\_  
Type of security: \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Certificate numbers/Serial number of bond: \_\_\_\_\_  
Number of shares/ Denomination:: \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ as of \_\_\_\_\_
- (b) Name of issuer: \_\_\_\_\_  
Registered owner: \_\_\_\_\_  
Type of security: \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Certificate numbers/Serial number of bond: \_\_\_\_\_  
Number of shares/ Denomination:: \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ as of \_\_\_\_\_

10. **DO YOU HAVE ANY LIFE INSURANCE?** \_\_\_\_\_

If so, please list:

- (a) Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Date of issue: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (term/whole/universal): \_\_\_\_\_  
Amount of premiums: \$ \_\_\_\_\_ (monthly/quarterly/semiannually)  
Face amount: \$ \_\_\_\_\_ Current cash surrender value: \$ \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_
- (b) Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Date of issue: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (term/whole/universal): \_\_\_\_\_

Amount of premiums: \$ \_\_\_\_\_ (monthly/quarterly/semiannually)  
Face amount: \$ \_\_\_\_\_ Current cash surrender value: \$ \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_

(c) Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Date of issue: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (term/whole/universal): \_\_\_\_\_  
Amount of premiums: \$ \_\_\_\_\_ (monthly/quarterly/semiannually)  
Face amount: \$ \_\_\_\_\_ Current cash surrender value: \$ \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_

11. **WHAT IS THE VALUE OF YOUR HOUSEHOLD FURNITURE, FURNISHINGS, AND FIXTURES?** (Include electronics, computers, antiques, artwork, collections, sporting goods, firearms, and jewelry):  
\_\_\_\_\_

12. **DO YOU HAVE ANY CLOSELY HELD BUSINESS INTERESTS?** (Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities.)  
\_\_\_\_\_

If so, please list:

a. Name of business: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_ # of shares owned \_\_\_\_\_  
Members in business: \_\_\_\_\_  
Date business began: \_\_\_\_\_ Annual income from business: \$ \_\_\_\_\_  
Type of business: \_\_\_\_\_  
Value of interest: \$ \_\_\_\_\_ as of \_\_\_\_\_

V.

**OTHER INFORMATION**

A. Is there any reason to treat children (or grandchildren) other than equally?  
\_\_\_\_\_

B. Do you have any expected inheritances from your parents or other relatives?

<u>Person Who May Leave You Something</u>	<u>Relationship</u>	<u>Age</u>	<u>Estimated Value of Your Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

C. Is this a second marriage for you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this a second marriage for your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a pre-marital agreement? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a post-marital agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have even been divorced, do you have any payments obligations either to your former spouse or to children of the prior marriage embodied on any court decree or written agreement? If so, please provide copies of the documents.

D. Do you have any special requests regarding donation of body organs (eyes, kidneys, etc.)?

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E. State in your own words how you want your property/estate to pass if husband dies first.

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F. State in your own words how you want your property/estate to pass if wife dies first.

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G. State in your own words how you want your property/estate to pass when you both are deceased.

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**JOINT REPRESENTATION CONFIRMATION**

It is commonplace for spouses to engage the same firm for estate planning. However, when a law firm represents both spouses with regard to common or related matters, certain conflicts of interest can arise within the ethical codes of the legal profession.

This is to confirm that our firm is to represent you jointly as husband and wife. As such:

- We will not maintain confidentiality between the two of you; the information we receive from either of you or from third parties will be shared with both of you.
  
- Each of you waive any objection to our representation of the other regarding potential conflicts of interest between you (such as involving spousal rights of election, property ownership and transfer matters, and trust as well as other asset arrangement matters).

Joint representation is appropriate in our experience. However, strict ethical requirements dictate that we thoroughly disclose the ethical ramifications.

Please sign below to indicate your acknowledgment of these terms.

Dated: \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
HUSBAND

\_\_\_\_\_  
WIFE