

## Personal Information Form – A Single Person

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Familiar Name: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Gender:  Male  Female

Where are you from Originally: \_\_\_\_\_

Where did you go to college: \_\_\_\_\_

What is your Occupation/Who Do You work for: \_\_\_\_\_

Other Information \_\_\_\_\_

U.S. Citizen?  Yes  No Resident alien?  Yes  No Non-Resident Alien?  Yes  No

If not a U.S. Citizen, please state citizenship: \_\_\_\_\_

Veteran?  Yes  No

Previously married?  Yes  No

Are there any health issues of Trustor 1 that we need to be concerned about?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any financial or creditor issues of Trustor 1 we need to be concerned about?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever made any gifts, other than small annual gifts, to your children, grandchildren, or other persons?

Yes  No

## Children

**Child #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Adopted?  Yes  No Is Child married?  Yes  No Spouse's Name: \_\_\_\_\_

Any concerns regarding divorce?  Yes  No Children?  Yes  No How many? \_\_\_\_\_

Are there any health issues for this child or his / her family that we need to be concerned about?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's creditors or tax debts?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's ability to manage his / her inheritance?  Yes  No

Please explain: \_\_\_\_\_

Is this child a Special Needs child?  Yes  No

---

---

**Child #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Adopted?  Yes  No Is Child married?  Yes  No Spouse's Name: \_\_\_\_\_

Any concerns regarding divorce?  Yes  No Children?  Yes  No How many? \_\_\_\_\_

Are there any health issues for this child or his / her family that we need to be concerned about?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's creditors or tax debts?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's ability to manage his / her inheritance?  Yes  No

Please explain: \_\_\_\_\_

Is this child a Special Needs child?  Yes  No

**Child #3 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Adopted?  Yes  No Is Child married?  Yes  No Spouse's Name: \_\_\_\_\_

Any concerns regarding divorce?  Yes  No Children?  Yes  No How many? \_\_\_\_\_

Are there any health issues for this child or his / her family that we need to be concerned about?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's creditors or tax debts?  Yes  No

Please explain: \_\_\_\_\_

Are there any concerns regarding this child's ability to manage his / her inheritance?  Yes  No

Please explain: \_\_\_\_\_

Is this child a Special Needs child?  Yes  No

---

---

**Names of any Deceased Children:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Names of any Disinherited Children:**

1. \_\_\_\_\_

Descendants:  Yes  No

2. \_\_\_\_\_

Descendants:  Yes  No

3. \_\_\_\_\_

Descendants:  Yes  No

**DO YOU AGREE WITH THE FOLLOWING DEFINITION OF ESTATE PLANNING?**

*I want to control my assets while I'm alive; take care of myself and my loved ones if I become disabled; give what I have to whom I want, the way I want, and when I want; and, save every last tax dollar, professional fee, and court cost possible.*      \_\_\_\_\_ Yes \_\_\_\_\_ No *My own definition of estate planning is:* \_\_\_\_\_

---

**PLEASE CHECK ALL THAT APPLY:**

Have you completed previous will, trust, or estate planning?       Yes       No  
*(Please bring copies to the initial meeting.)*

Have you ever been divorced?       Yes       No

Are you making payments pursuant to a divorce or property settlement agreement? *(Please bring copies to the initial meeting.)*       Yes       No

Have you ever been widowed? *(If a federal estate tax return or a state death tax return was filed, please bring a copy with you.)*       Yes       No

Have you ever filed federal or state gift tax returns? *(Please bring copies to the initial meeting.)*       Yes       No

Do you own a farm or business?       Yes       No

If yes, do any of your children work in the business?       Yes       No

If yes, does the child working in the business have an ownership interest in the business?       Yes       No

Is the need for nursing home care probable in the next three years?       Yes       No

**CONCERNING YOUR CHILDREN**

**Please check all that apply.**

Do you provide primary or other major financial support to adult children?       Yes       No

Do you have adopted children?       Yes       No

Are any of your children or other beneficiaries handicapped?       Yes       No

**QUESTIONS TO THINK ABOUT BEFORE THE INITIAL MEETING**

**1. Persons to handle money and property for you if you were incapacitated or passed away:**  
*(These people will be your executors, trustees and agents.)*

FIRST DESIGNEE: \_\_\_\_\_

BACKUP DESIGNEE : \_\_\_\_\_

BACKUP DESIGNEE: \_\_\_\_\_

**2. GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve.

GUARDIAN: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

**3. HEALTH CARE POWER OF ATTORNEY.** In the event you were hospitalized, your doctor and the hospital must know who is authorized to make health care decisions for you. The person you select may or may not be the same as your selection for trustee or personal representative because this agent is not managing money or property but only health care decisions. The address and phone number information will be included in the Health Care Power of Attorney.

HEALTH CARE AGENT: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

FIRST ALTERNATE: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

SECOND ALTERNATE: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Area Code and Phone Number: \_\_\_\_\_

## PLAN OF DISTRIBUTION

**1. SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a church or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

---

---

---

**2.** Briefly describe your desired plan of distribution for assets remaining after any specific gifts are distributed: (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later.)

- Equally between children, and if a child didn't survive, the deceased's child's children would take the share of the deceased child.
- Equally between surviving children.
- Describe your own plan \_\_\_\_\_

---

**3. AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as  $\frac{1}{2}$  at age 25 and the balance at age 30, or  $\frac{1}{3}$  at 21,  $\frac{1}{3}$  at 25, and  $\frac{1}{3}$  at 35. You may use any age or combination of ages that you choose.

---

---

---

**4. ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, nor your children, or other beneficiaries named above survive a common disaster. (*Perhaps a charity, your church, or particular relatives.*)

---

---

---

**ASSET INFORMATION**

\_\_\_\_\_ How many pieces of Real Estate are included? Bring deeds to the *initial meeting*.

\_\_\_\_\_ Texas Real Estate Deeds                      \_\_\_\_\_ Out of State Real Estate Deeds

\_\_\_\_\_ How many Mineral Deeds and Leases are included? Bring deeds or leases to the *initial meeting*.

\_\_\_\_\_ Oil/Gas/Mineral Deeds                      \_\_\_\_\_ Oil/Gas/Mineral Leases

Is there mineral production on any of the property?    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_ How many of the following business interests are included? Bring legal documents to the *initial meeting*.

\_\_\_\_\_ Partnerships                                      \_\_\_\_\_ Limited Partnership Interests

\_\_\_\_\_ Sole Proprietorships                      \_\_\_\_\_ Other Business Interests

\_\_\_\_\_ How many Promissory or Real Estate Notes are payable to you?\*

\_\_\_\_\_ How many Banks, Savings and Loans, and Credit Unions do you have accounts with?\*

\_\_\_\_\_ Checking/Savings/Money Market                      \_\_\_\_\_ Certificates of Deposit

\_\_\_\_\_ How many companies do you have Life Insurance Policies and Annuities with?\*

\_\_\_\_\_ How many companies do you have Qualified Retirement Plans (IRA's, Pensions, SEP's, Keogh Plans, 401K Plans, etc.) with for each spouse?\*

\_\_\_\_\_ How many companies do you have Brokerage Accounts with?\*

\_\_\_\_\_ Brokerage/Investment Accounts                      \_\_\_\_\_ Stocks/Bonds/Mutual Funds

\_\_\_\_\_ Reinvestment Plans

\_\_\_\_\_ Total number of companies with which you hold Stocks/Bonds/Mutual Funds that are not in brokerage accounts.\*

\_\_\_\_\_ How many companies do you hold Listed and Unlisted Stock or Bond Certificates with?\*

## SUMMARY OF ASSETS

Liquid Assets	\$ _____
Family Home	\$ _____
Household Effects	\$ _____
Vehicles	\$ _____
Collectibles	\$ _____
Other Personal Assets	\$ _____
Life Insurance	\$ _____
Investments (not qualified)	\$ _____
Qualified Retirement Plans	\$ _____
Recreational Property	\$ _____
Mineral Interests	\$ _____
Future Interests	\$ _____
Interest in Trusts/Estates	\$ _____
Rental Assets	\$ _____
Receivables	\$ _____
Intellectual Properties	\$ _____
Agricultural Assets	\$ _____
Business Interests	\$ _____
Other Business Assets	\$ _____
<u>Total Assets</u>	\$ _____