

**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

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**PART I - PERSONAL DATA**

**NAME of SPOUSE/DOMESTIC PARTNER:** \_\_\_\_\_  
Alias Names (if any): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Location of Will, if any: \_\_\_\_\_  
Date of Will: \_\_\_\_\_  
Location of Codicils, if any: \_\_\_\_\_  
Date of Codicils: \_\_\_\_\_

**NAME of SPOUSE/DOMESTIC PARTNER:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Pgr #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Location of Will, if any: \_\_\_\_\_  
Date of Will: \_\_\_\_\_  
Location of Codicils, if any: \_\_\_\_\_  
Date of Codicils: \_\_\_\_\_  
Date and place of marriage/domestic partnership: \_\_\_\_\_  
Status of Spouse: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Under  
Conservatorship

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**“PART II - BENEFICIARIES or HEIRS AT LAW**

**CHILDREN'S INFORMATION:**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	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 decedent's surviving spouse/partner. \_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

<b>Name:</b>	<b>Age:</b>	<b>Residence:</b>
_____	____	_____
_____	____	_____

**GRANDCHILDREN'S INFORMATION**

<b>Name:</b>	<b>Age:</b>	<b>Birthdate:</b>	<b>Names of parents:</b>
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

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

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List, as well, the same information for the surviving spouse's/partner's parents and siblings.

<b>Name:</b>	<b>Relationship:</b>	<b>Living</b>	<b>Residence:</b>
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

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

<b>Name of former spouse</b>	<b>Living</b>	<b>Date of Death or Divorce</b>
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

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**PART III – 1<sup>st</sup> CLIENT'S DESIGNEES AND WISHES**

**EXECUTOR** (i.e., the person who will be responsible to probate your will after death)

\_\_\_ Spouse

Name of Executor: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Executor: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Executor: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY** (i.e., the person who will be responsible for the medical decisions when you are unable to)

\_\_\_ Spouse

Name of Medical POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Medical POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Medical POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

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**FINANCIAL POWER OF ATTORNEY** (i.e., the person who will be responsible for the financial decisions when you are unable to)

\_\_\_ Spouse

Name of Financial POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Financial POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Financial POW: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**DESIGNEE FOR REMAINS** (i.e., the person who will be responsible for your remains and service)

\_\_\_ Spouse

Name of Designee for Remains: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Designee for Remains: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Designee for Remains: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

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**GUARDIAN OF YOUR ESTATE** (i.e., the person who will take financial care of the you if needed)

\_\_\_\_ Spouse

Name of Guardian of Estate: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Guardian of Estate: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Guardian of Estate: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**GUARDIAN OF YOUR PERSON** (i.e., the person who will take physical care of the you if needed)

\_\_\_\_ Spouse

Name of Guardian of Person: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

1st Alternate Guardian of Person: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

2nd Alternate Guardian of Person: \_\_\_\_\_

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

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**Any person who should be Guardian of Estate or Person**

<b>Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Address</b>
_____	Yes/No	____	_____	Yes/No	_____
_____	Yes/No	____	_____	Yes/No	_____

Robinson Law  
600 S. Tyler, Suite 2100  
Amarillo, Texas 79101

Phone: 806-350-5800  
  
cristal@806law.com



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**PART IV - ASSETS**

Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**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 title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

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

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

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

**Name of financial institution:** \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

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



**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

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**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

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**REAL ESTATE:** (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

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: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

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: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**Street address:** \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Current net equity in 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: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_

Type of interest: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_

Type of interest: \_\_\_\_\_

State/County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):  
\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

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**BROKERAGE /MUTUAL FUND ACCOUNTS:**

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

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**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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 \_\_\_\_\_): \$ \_\_\_\_\_

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**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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.)

<b>Item Identification</b>	<b>Location</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**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 \_\_\_\_\_): \$ \_\_\_\_\_

**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: \_\_\_\_\_

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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: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_



**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES:**

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_

**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
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: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in 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: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**Description of Asset:** \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**ESTATE PLANNING CLIENT INFORMATION WORKSHEET**

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**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: \_\_\_\_\_

**Name of depository:** \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

## ESTATE PLANNING CLIENT INFORMATION WORKSHEET

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### DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- \_\_\_\_\_ 1. Prior and present Wills, and any codicils
- \_\_\_\_\_ 2. Court documents of Wills in which client inherited property
- \_\_\_\_\_ 3. Any other court documents attaching liens to property
- \_\_\_\_\_ 4. Trust instruments in which client is grantor, trustee, or beneficiary
- \_\_\_\_\_ 5. Income tax return (most recent)
- \_\_\_\_\_ 6. Gift tax returns (all)
- \_\_\_\_\_ 7. Texas intangible tax return (most recent)
- \_\_\_\_\_ 8. Financial statements prepared by accountant
- \_\_\_\_\_ 9. Financial information submitted to lending institutions
- \_\_\_\_\_ 10. Real and personal property tax bills
- \_\_\_\_\_ 11. Deeds to property
- \_\_\_\_\_ 12. Mortgages
- \_\_\_\_\_ 13. Vehicle titles
- \_\_\_\_\_ 14. Copies of any bills and creditors' addresses
- \_\_\_\_\_ 15. Government, municipal, and corporate bonds
- \_\_\_\_\_ 16. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- \_\_\_\_\_ 17. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- \_\_\_\_\_ 18. Stockholder or partnership agreements
- \_\_\_\_\_ 19. Pension and profit-sharing plans and summary of current benefits
- \_\_\_\_\_ 20. Leases
- \_\_\_\_\_ 21. Instruments under which client has any interest or power of appointment
- \_\_\_\_\_ 22. Prenuptial, postnuptial, or separation agreements
- \_\_\_\_\_ 23. Judgments of dissolution of marriage and Court orders with obligation to provide support.

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