

Personal Information Packet

(For a Couple)

Completion of this form will help in accomplishing your estate planning objectives.

Please complete all information.

A. YOUR PERSONAL INFORMATION:

Husband:

Full legal name: _____

Name used to sign with: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home phone: _____ Home fax: _____

Birth date: _____ U.S. Citizen: _____

Wife:

Full legal name: _____

Name used to sign with: _____

Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Home phone: _____ Home fax: _____

Birth date: _____ U.S. Citizen: _____

B. YOUR CHILDREN:

Full legal names, addresses and telephone numbers:

DOB:

Children of:

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

DOB:

Telephone No.

DOB:

Telephone No.

DOB:

Telephone No.

DOB:

Telephone No.

DOB:

Telephone No.

Children of:

Children of:

Children of:

Children of:

Children of:

Any deceased children that left children of their own?

Yes or No

If yes, please state their names:

Questions about your children or other beneficiaries: (circle yes or no)

1. Do any of your children or beneficiaries receive governmental support of benefits because of a disability or handicap? Yes or No
2. Do any of your children or beneficiaries have special educational, medical, or physical needs? Yes or No
3. Do you have a child or beneficiary with a learning disability? Yes or No
4. Are any of your children or beneficiaries institutionalized? Yes or No
5. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has.

If any of your children are under the age of 18, whom do you wish to be guardian of your children? Name in order of preference (one person per line) including name, address, and telephone number.

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____
2. Name: _____
Address: _____

Telephone: _____
Relationship: _____
3. Name: _____
Address: _____

Telephone: _____
Relationship: _____

C. OTHER DEPENDENTS:

1. Do you or your spouse have anyone who depends on either of you for all or part of their support?

If YES: Name: _____ Relationship: _____

2. Do you or your spouse receive social security or disability benefits? _____

3. Do you or your spouse have any health concerns?

If YES, please state such concern: _____

4. Do you own property in any state other than Texas? _____

If YES, please described such property and its present location:

5. Are you currently making annual gifts to anyone?

If YES, please state the name and the amount of such gift: _____

6. Did you and your spouse ever sign a pre- or post-marriage contract? _____

7. Have either of you been divorced? _____ If YES, which spouse and the date:

8. Have either of you ever been widowed?

9. Do you desire to benefit any charities in your estate plan? _____ If YES, please state the name

D. FINANCIAL INSTRUCTIONS:

If you were unable to make financial decisions for yourself, who would you want to make decisions for you with regard to personal finance activity?

Name in order of preference, including name, address, telephone number and relationship to you.

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____

3. Name: _____

Address: _____

Telephone: _____

Relationship: _____

E. MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

Name in order of preference, including name, address, telephone number and relationship to you.

1. Name: _____
Address: _____

Telephone: _____
Relationship: _____

2. Name: _____
Address: _____

Telephone: _____
Relationship: _____

3. Name: _____
Address: _____

Telephone: _____
Relationship: _____

F. FIDUCIARY APPOINTMENTS:

Please provide the names of the executors (and their relationship to you) for designation in your Last Will and Testament. If you choose to include a Second Alternate Executor, you may do so; if not, leave No. 3 blank.

1. Primary Executor: _____
2. First Alternate Executor: _____
3. Second Alternate Executor: _____

G. DISTRIBUTIONS ON DEATH:

My estate (real property, personal property, etc.) to:

surviving spouse surviving children other

Upon your death, how would you like your property distributed? What if a beneficiary predeceases you? Also, indicate if the amount or percentage is to be distributed outright or held in trust (give terms, *i.e.* for life, 1/3 every 5 years, etc.)

For example:

_____ To my children, equally, and outright, not held in trust; if deceased, to their children

H. SPECIFIC DISTRIBUTION:

Use this *only* if you want to leave a specific dollar amount, or property to a specific person before the above distribution:
