

Michael J. Ivan, Jr. +^ Robert Daugustinis Clayton T. Miller Andrew M. Woods ^ Michael P. Tyson \*^ Board Certified in Taxation + LL.M. in Taxation ^ Of Counsel \*

### **CONFIDENTIAL**

| Today's Da              | te:     |              |                               |       |                     |      |           |
|-------------------------|---------|--------------|-------------------------------|-------|---------------------|------|-----------|
|                         |         | <b>ESTAT</b> | <b>E PLANNING (</b><br>Marrie |       | CIONNAIRE           |      |           |
|                         | Full L  | egal Name (f | irst, middle, last)           | Nic   | ckname              | DOB  |           |
| Client:                 |         |              |                               |       |                     |      |           |
| Spouse:                 |         |              |                               |       |                     |      |           |
|                         |         |              | RESIDENCE A                   | DDRI  | <u>ESS</u>          |      |           |
| Street                  |         |              |                               |       |                     |      |           |
| City                    |         |              | State                         | Zip   | Co                  | unty |           |
|                         |         | 2            | CONTACT INFO                  | DRMA  | TION                |      |           |
|                         |         |              | Client                        |       | Spouse              |      |           |
| Home Pho                | one:    |              |                               |       |                     |      |           |
| Cell Phon               | e:      |              |                               |       |                     |      |           |
| Office Pho              | one:    |              |                               |       |                     |      |           |
| Email:                  |         |              |                               |       |                     |      |           |
| Correspon<br>Preference |         | ☐ Email      | ☐ U.S. Mail                   |       | ☐ Email ☐ U.S. Mail |      | U.S. Mail |
|                         |         |              | FAMILY - CH                   | ILDR  | <u>EN</u>           |      |           |
|                         |         | Full Legal N | Name (first, middle, la       | st) N | ickname             | DOB  | Gender    |
| $\square$ C $\square$ S | J       |              |                               |       |                     |      |           |
| $\Box$ C $\Box$ S       | J       |              |                               |       |                     |      |           |
| $\square$ C $\square$ S | J       |              |                               |       |                     |      |           |
| $\square$ C $\square$ S | J       |              |                               |       |                     |      |           |
| $\square$ C $\square$ S | J       |              |                               |       |                     |      |           |
| C=Client                | S=Spous | se J=Joint   |                               |       |                     |      | 1         |

| Are you a U.S                              | <b>3</b>            |                                    |                  | Client:<br>Spouse: | Yes Yes | ☐ No<br>☐ No |
|--|---------------------|------------------------------------|------------------|--------------------|---------|--------------|
| Do you have a                              | premarital a        | greement?                          |                  |                    | Yes     | ☐ No         |
|  | •                   | ver lived in Ari<br>Mexico, Texas, |                  |                    | ☐ Yes   | ☐ No         |
| Have either or                             | both of you         | ever filed a fed                   | leral gift tax 1 | return?            | Yes     | ☐ No         |
| Do you have old estate planning documents? |                     |                                    |                  |                    | Yes     | ☐ No         |
| Are you expec                              | ting a substa       | ntial inheritanc                   | e in the futur   | re?                | Yes     | ☐ No         |
| Are you curren                             | ntly the benef      | ficiary of a trus                  | st established   | by another?        | Yes     | ☐ No         |
| Do you have U                              | Jmbrella Insu       | ırance?                            |                  |                    | Yes     | ☐ No         |
| Accountant (n                              | ame and con         | tact):                             |                  |                    |         |              |
| Financial Adv                              | isor (name aı       | nd contact):                       |                  |                    |         |              |
| Who referred                               | you to Ivan &       | à Daugustinis,                     | PLLC?            |                    |         |              |
|  |                     | LII                                | E INSURA         | NCE                |         |              |
|  | Туре                | Company                            | CSV              | Loans              | Premium | Face Value   |
| $\Box$ C $\Box$ S                          |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    | TOTAL:  |              |
|  |                     |                                    |                  |                    | 101112. |              |
|  |                     | RETIRE                             | EMENT AC         | <u>COUNTS</u>      |         |              |
|  | Company/Broker Type |                                    | Am               | ount               |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
| $\square$ C $\square$ S                    |                     |                                    |                  |                    |         |              |
|  | •                   |                                    | •                | TOTAL:             |         |              |

# $\frac{INVESTMENTS}{(STOCKS, BONDS, MUTUAL FUNDS, ETC. SEPARATE FROM RETIREMENT ACCOUNTS)}$

|                                     | Description                                    | Company/Broker                                | Amount        |
|-------------------------------------|--|---|---------------|
| □С□S □J                             | 2 00011911011                                  | 0 0 1 1 p m 1 y 2 1 0 1 0 1                   |               |
|                                     |  |   |               |
|                                     |  |   |               |
|                                     |  |   |               |
|                                     |  |   |               |
|                                     |  | TOTAL:  |               |
|                                     | DEAI   | <u>LESTATE</u>                                |               |
|                                     | <u>KLAI</u>                                    | <u> LESTATE</u>                               |               |
|                                     | Description/Addre                              | ss FMV  | Mortgage      |
| C S J                               |  |   |               |
| $\Box$ C $\Box$ S $\Box$ J          |  |   |               |
| $\Box$ C $\Box$ S $\Box$ J          |  |   |               |
|                                     |  |   |               |
|                                     | T  | OTALS:  |               |
|                                     |  |   |               |
|                                     | BUSINESSES/BU                                  | <u>ISINESS INTERESTS</u>                      |               |
|                                     | Description                                    | V   | alue          |
| $\square$ C $\square$ S $\square$ J |  |   |               |
| $\square$ C $\square$ S $\square$ J |  |   |               |
| $\Box$ C $\Box$ S $\Box$ J          |  |   |               |
| $\Box C \Box S \Box J$              |  |   |               |
|                                     |  | TOTAL:  |               |
|                                     |  | <u> </u>                                      |               |
| (AUTO, BOAT,                        | <u>CASH</u><br>, RV, MOTORCYCLE, ATV, <i>1</i> | <u>I / OTHER</u><br>ART, ANTIQUES, JEWELRY, C | COLLECTABLES) |
|                                     |  |   |               |
|                                     | Description                                    | An  | nount         |
|                                     |  |   |               |
| $\square$ C $\square$ S $\square$ J |  |   |               |
| $\square$ C $\square$ S $\square$ J |  |   |               |
| $\square$ C $\square$ S $\square$ J |  |   |               |
|                                     |  | TOTAL:  |               |

#### **FINANCIAL SUMMARY**

| Client | Spouse | Joint | Grand Total |
|--------|--------|-------|-------------|
| \$     | \$     | \$    | \$          |

The information provided above will be relied upon by Ivan & Daugustinis, PLLC in designing an estate plan that meets your goals, and it will be kept strictly confidential. Unless you have specifically directed us to do so, we will not undertake to independently verify the above information, though we reserve the right to do so. By your signature below, you acknowledge that the information provided above is a complete and reasonably accurate list of all your assets and property interests, to the best of your knowledge, as of the date indicated below.

| Client's Signature                          | Spouse's Signature                          |
|---|---|
| Dated:                                      | Dated:                                      |
| Last four digits of Social Security Number: | Last four digits of Social Security Number: |

# SURROGATE DESIGNATIONS

1. Who would you like to be your primary decision maker for financial matters?

|         | <u>Full Legal Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Telephone</u> |
|---------|------------------------|---------------------|----------------|------------------|
|         | (first, middle, last)  |                     |                |                  |
| Client: |                        |                     |                | Home:            |
|         |                        |                     |                | Cell:            |
| Spouse: |                        |                     |                | Home:            |
|         |                        |                     |                | Cell:            |

2. Who would you like to be your alternate decision maker(s) for financial matters?

|         | Full Legal Name       | Relationship | Address | <u>Telephone</u> |
|---------|-----------------------|--------------|---------|------------------|
|         | (first, middle, last) |              |         |                  |
| Client: |                       |              |         | Home:            |
|         |                       |              |         | Cell:            |
| Spouse: |                       |              |         | Home:            |
|         |                       |              |         | Cell:            |

|         | Full Legal Name       | Relationship | <u>Address</u> | <b>Telephone</b> |
|---------|-----------------------|--------------|----------------|------------------|
|         | (first, middle, last) |              |                |                  |
| Client: |                       |              |                | Home:            |
|         |                       |              |                | Cell:            |
| Spouse: |                       |              |                | Home:            |
|         |                       |              |                | Cell:            |

Who would you like to be your primary decision maker for health decisions?

3.

4. Who would you like to be your alternate decision maker(s) for health decisions?

|         | <u>Full Legal Name</u> | Relationship | <u>Address</u> | <u>Telephone</u> |
|---------|------------------------|--------------|----------------|------------------|
|         | (first, middle, last)  |              |                |                  |
| Client: |                        |              |                | Home:            |
|         |                        |              |                | Cell:            |
| Spouse: |                        |              |                | Home:            |
|         |                        |              |                | Cell:            |

| 5. Who would you like to serve as guardian sh | ould the need arise? |
|---|----------------------|
|---|----------------------|

## Choice 1

|         | Full Legal Name       | <u>Relationship</u> | <u>Address</u> | <u>Telephone</u> |
|---------|-----------------------|---------------------|----------------|------------------|
|         | (first, middle, last) |                     |                |                  |
| Client: |                       |                     |                | Home:            |
|         |                       |                     |                | Cell:            |
| Spouse: |                       |                     |                | Home:            |
|         |                       |                     |                | Cell:            |

## **Choice 2**

|         | Full Legal Name       | Relationship | Address | <u>Telephone</u> |
|---------|-----------------------|--------------|---------|------------------|
|         | (first, middle, last) |              |         |                  |
| Client: |                       |              |         | Home:            |
|         |                       |              |         | Cell:            |
| Spouse: |                       |              |         | Home:            |
|         |                       |              |         | Cell:            |