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PERSONAL INFORMATION FOR ESTATE PLANNING

SS No.: _____ Driver's License No.: _____

Birth Date: _____ Case No.: _____

Full Name: _____

Signature: _____

Preferred Phone: _____

Alternate Phone: _____

Fax: _____

E-Mail: _____

County of Residence: _____

Citizenship: _____

Residence Address: _____

Mailing Address: (If different from Residence)

Referred by: _____

Living Children: - List full names with complete current addresses and phone numbers.

1. Name: _____ Birth date: _____
Address: _____ Age: _____
City, State, Zip: _____ Gender: _____
Phone Number: _____
Child is: Single Married Divorced Widowed
Number of children: _____

2. Name: _____ Birth date: _____
Address: _____ Age: _____
City, State, Zip: _____ Gender: _____
Phone Number: _____
Child is: Single Married Divorced Widowed
Number of children: _____

3. Name: _____ Birth date: _____
Address: _____ Age: _____
City, State, Zip: _____ Gender: _____
Phone Number: _____
Child is: Single Married Divorced Widowed
Number of children: _____

4. Name: _____ Birth date: _____
Address: _____ Age: _____
City, State, Zip: _____ Gender: _____
Phone Number: _____
Child is: Single Married Divorced Widowed
Number of children: _____

Deceased Child(ren):

| Name | Birth date | Date of death |
|-------|------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have adopted children? Yes No

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

Other Dependents: (Use full names - bring a list of all other dependents if more than one.)

Name: _____ Age: _____

Please check all that apply.

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

Have you been divorced? Yes No

Date(s) of Divorce: _____
Name(s) of former spouse(s): _____

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

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

Date of Death: _____
Name of deceased spouse: _____

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

Do you own a farm? Yes No

In what states have you lived?

During what periods of time did you reside there? _____

During what periods of time did you reside there? _____

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During what periods of time did you reside there? _____

Your Fiduciaries:

1. **EXECUTOR.** Whom will you name an Executor to handle the estate at your death?

Executor: _____
Alternate Executor: _____
Second Alternate: _____

2. **TRUSTEE OF FAMILY TRUST.** If your Will provides a family trust, whom will you name as Trustee?

Trustee: _____
Alternate Trustee: _____
Second Alternate: _____

3. **TRUSTEE OF TRUST FOR CHILDREN AND OTHER DESCENDANTS.** If your Will provides a trust for your children or grandchildren, whom will you name as Trustee?

Trustee: _____
Alternate Trustee: _____
Second Alternate: _____

4. **FINANCIAL MATTERS POWER OF ATTORNEY.** Whom will you name as the person authorized to make financial decisions for you? The address and phone number of each agent will be included in the Financial Power of Attorney.

Financial Matters Agent: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

First Alternate: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

Second Alternate: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

This power will become effective upon my signing the document or upon my incapacity.

5. **HEALTHCARE MATTERS POWER OF ATTORNEY.** Whom will you name as the person authorized to make health care decisions for you in the event you are incapacitated? The address and phone number of each agent will be included in the Healthcare Power of Attorney. Is this information the same as for number 4? _____
(If yes, then there is no need to fill out this section.)

Healthcare Matters Agent: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

First Alternate: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

Second Alternate: _____
Relation: _____
Street Address: _____
City, State and Zip Code: _____
Area Code and Phone Number: _____

6. **GUARDIAN.** Whom will you name as guardian to your minor or incapacitated children, if any?

Guardian: _____
Relation: _____

Alternate: _____
Relation: _____

PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make any gifts to a charity? Do you wish to make any special gifts to particular persons?

2. **AGE OF DISTRIBUTION.** If you establish a trust to allow a third party to manage assets for beneficiaries, when do you think the beneficiaries will be mature enough to manage assets on their own?

3. **PRIMARY DISTRIBUTION.** To whom do you want to leave your assets/estates? (Normally, to spouses, then descendants.)

4. **SECONDARY DISTRIBUTION.** If you, your spouse, your children, and all other beneficiaries named fail to survive you, to whom do you want to leave your estates? (You might consider a charity, your church, your heirs or particular relatives.)

5. **OTHER NOTES/ISSUES YOU WANT TO DISCUSS:**

INDIVIDUAL ASSET INFORMATION

1. How many pieces of Real Estate do you own in Texas? _____
 - a. Burial Plots _____
2. Do you own any real estate outside of Texas? _____
3. Do you own any mineral interests in Texas? _____
4. Do you own any mineral interests outside of Texas? _____
5. Do you own any business interests? _____

If yes, identify the form of ownership:

| | |
|----------------------------|-------------------------------------|
| _____ Corporations | _____ Limited Liability Companies |
| _____ Partnerships | _____ Limited Partnership Interests |
| _____ Sole Proprietorships | _____ Other Business Interests |
6. Do you have any Promissory or Real Estate Notes payable to you? _____
7. How many Bank, Savings and Loan, Credit Unions, investment, or brokerage accounts do you hold? _____
8. Are any such accounts held with rights of survivorship? _____
9. Do you have any Life Insurance Policies or Annuities? _____

If yes, identify the beneficiaries: _____
10. Do you have any Retirement Plans or Accounts? (IRAs, Pensions, SEPs Keogh Plans, 401(k) Plans, etc.)?

If yes, identify the beneficiaries: _____
11. Do you hold any Stocks, Bonds or Mutual Funds outside of a brokerage account? _____
12. Are any such assets held with rights of survivorship? _____
13. Do you have an interest in any trusts? _____
14. Are you expecting any inheritances _____

SUMMARY OF ASSETS -- Please summarize the approximate value of your assets below.

| <u>Asset</u> | |
|-----------------------------|----------|
| Cash | \$ _____ |
| Residence | \$ _____ |
| Other Real Estate | \$ _____ |
| Burial Plots | \$ _____ |
| Household Goods | \$ _____ |
| Vehicles | \$ _____ |
| Collectibles | \$ _____ |
| Other Personal Assets | \$ _____ |
| Life Insurance (face value) | \$ _____ |
| Annuities | \$ _____ |
| Qualified Retirement Plans | \$ _____ |
| Other Investments | \$ _____ |
| Mineral Interests | \$ _____ |
| Inheritances Expected | \$ _____ |
| Interest in Trusts/Estates | \$ _____ |
| Receivables | \$ _____ |
| Intellectual Properties | \$ _____ |
| Agricultural Assets | \$ _____ |
| Business Interests | \$ _____ |
| Other Assets | \$ _____ |
| <u>Total Assets</u> | \$ _____ |