

# HOGARTH LAW FIRM

The information you provide on this form will aid in the accurate and timely preparation of your estate planning documents. Please complete as much of the form as you can before our first meeting.

Date: \_\_\_\_\_

## *I. Contact Information*

Wife's Full Name (as you will sign your will)	
Husband's Full name (as will sign your will)	
Address	
Phone numbers	Home: Fax: Mobile:
Email addresses	

Has either of you ever lived in any state other than Texas?

Other States                      Date you moved to Texas

Husband \_\_\_\_\_

Wife \_\_\_\_\_

## *II. Personal Information*

Birth dates	Hers: His:
Country of Citizenship	Hers: His:
Occupation	Hers: His:
Family-owned Business? If yes, then please	Name:

provide,	Address: Description: EIN:
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### ***III. Objectives***

<b>Wife</b>	<b>Husband</b>
Do you presently have a will? If yes, please include a copy.	Do you presently have a will? If yes, please include a copy.
What are your goals for your estate plan?	What are your goals for your estate plan?
Is there a particular matter that concerns you regarding your preparation of your will?	Is there a particular matter that concerns you regarding your preparation of your will?
What are you looking for or expecting from an attorney with regard to your plan?	What are you looking for or expecting from an attorney with regard to your plan?
In general, to whom do you want to distribute your estate?	In general, to whom do you want to distribute your estate?
Do you intend to disinherit anyone?	Do you intend to disinherit anyone?
Are you anticipating any family discord regarding your will plan?	Are you anticipating any family discord regarding your will plan?

## ***IV. Marital History***

### ***Wife***

Currently married? If yes, then provide Date and State of Marriage.	Yes___ No___ Date: State:
Pre/post-marital agreements?	Yes___ No___ (if yes, please bring a copy)
<b>Widowed?</b> If yes, please answer the following questions:	Yes___ No___ Name of deceased spouse: Date of death: Residence at death: Did spouse leave will? Was it probated? (please provide copy of will)
<b>Divorced?</b> If yes, then please answer the following questions.	Yes___ No___ Name of Ex: Date of Divorce: State of Divorce: Financial Obligation: (please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

### ***Husband***

<b>Widowed?</b> If yes, please answer the following questions:	Yes___ No___ Name of deceased spouse: Date of death: Residence at death: Did spouse leave will? Was it probated? (please provide copy of will)
<b>Divorced?</b> If yes, then please answer the following questions.	Yes___ No___ Name of Ex: Date of Divorce: State of Divorce: Financial Obligation:

## ***V. Children & Grandchildren***

*(please include those deceased)*

### **(a) Children from this marriage**

Name	Birth date	State of Residence

### **(b) Wife's Children from prior marriage**

Name	Birth date	State of Residence

### **(c) Husband's Children from prior marriage**

Name	Birth date	State of Residence

### **(d) Grandchildren**

Name	Birth date	State of Residence	Parent's Name

Are any descendants listed above deceased?

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**VI. Assets**

<b>Real Estate</b>			
	State	Approx. value	Mortgage balance
Residence			
Other			
Other			
<b>Savings/Checking/Brokerage Accounts</b>			
Account type	Financial Institution	Account Balance/value	
<b>IRAs</b>			
Institution/Custodian	Balance	Primary Beneficiary	
<b>Employee Benefit Plans</b>			
<p>(For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock</p>			

options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary

Yearly Contribution (for defined contribution plans): \_\_\_\_\_

**Life Insurance** (cash and payoff value)

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary

**Trust Interests** (including powers of appointment)


**Other Major Assets** (including fine art, pending lawsuits, etc.)


**Anticipated Inheritance**

Name of Person	Relationship	Estimate of Inheritance

**Business Interests**

Ownership arrangement.	Approx. Value	No. of Employees

<b>Vehicles/Boats/Trailers</b>				
<b>Make/Year</b>	<b>Date Purchased</b>	<b>Owner on Title</b>	<b>Issuer State</b>	<b>Approx. Value</b>
<i>Do you consider any of your assets separate property? (wife's only or husband's only property) If so, which ones.</i>				

***VII. LIABILITIES***

(excluding mortgages or car loans listed above)

	description	amount
Consumer debt	1. 2. 3.	
Business debt	1. 2.	
Guarantees	1. 2.	

***VIII. TAXABLE GIFTS***

Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
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## ***IX. ESTATE PLAN***

### **A. Fiduciaries**

1. **EXECUTOR:** Your **executor** is responsible for presenting your will to the court and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs or family member or close personal friend who is willing to serve for free.

2. **GUARDIAN:** If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians).

3. **TRUSTEE:** You should also appoint a trustee to manage any money the minor children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

<b>Wife</b>	<b>Husband</b>
<b>Executor</b>	<b>Executor</b>
Primary Name: City & State: Relationship:	Primary Name: City & State: Relationship:
1 <sup>st</sup> Alternate Name: City & State: Relationship:	1 <sup>st</sup> Alternate Name: City & State: Relationship:
2 <sup>nd</sup> Alternate Name: City & State: Relationship:	2 <sup>nd</sup> Alternate Name: City & State: Relationship:
<b>Guardian/Trustee for Minors</b>	<b>Guardian/Trustee for Minors</b>
Primary Name: City & State: State: Relationship:	Primary Name: City & State: State: Relationship:
1 <sup>st</sup> Alternate Name:	1 <sup>st</sup> Alternate Name:

City & State: Relationship:  2 <sup>nd</sup> Alternate Name: City & State: Relationship:	City & State: Relationship:  2 <sup>nd</sup> Alternate Name: City & State: Relationship:
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**B. Statutory Durable Power of Attorney**

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way. Spouses often name each other as their primary agents.

<b>Wife</b>	<b>Husband</b>
<b>Durable Power of Attorney</b>	<b>Durable Power of Attorney</b>
Primary Name: Address:  Telephone #: Relationship:	Primary Name: Address:  Telephone #: Relationship:
1 <sup>st</sup> Alternate Name: Address:  Telephone #: Relationship:	1 <sup>st</sup> Alternate Name: Address:  Telephone #: Relationship:
2 <sup>nd</sup> Alternate Name: Address:  Telephone #: Relationship:	2 <sup>nd</sup> Alternate Name: Address:  Telephone #: Relationship:

**C. Medical Power of Attorney**

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a

nursing home, obtain records about your care, etc.

<b>Wife</b>	<b>Husband</b>
<b>Medical Power of Attorney</b>	<b>Medical Power of Attorney</b>
Primary Name: Address:	Primary Name: Address:
Telephone #: Relationship:	Telephone #: Relationship:
1 <sup>st</sup> Alternate Name: Address:	1 <sup>st</sup> Alternate Name: Address:
Telephone #: Relationship:	Telephone #: Relationship:
2 <sup>nd</sup> Alternate Name: Address:	2 <sup>nd</sup> Alternate Name: Address:
Telephone #: Relationship:	Telephone #: Relationship:

**D. Living Wills**

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A “terminal condition” is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

<b>Wife</b>	<b>Husband</b>
_____ Comfort treatment only.	_____ Comfort treatment only.
_____ All available life-sustaining treatments.	_____ All available life-sustaining treatments.
_____ Undecided for now.	_____ Undecided for now.

2. An “irreversible condition” is one from which you are expected to die

even with all available life-sustaining treatments, *but with which you may remain alive for more than six months*. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Wife	Husband
<input type="checkbox"/> Comfort treatment only. <input type="checkbox"/> All available life-sustaining treatments. <input type="checkbox"/> Undecided for now.	<input type="checkbox"/> Comfort treatment only. <input type="checkbox"/> All available life-sustaining treatments. <input type="checkbox"/> Undecided for now.

**E. Declaration of Guardian in the Event Need Arises**

This document allows you to designate who you want to serve as **your guardian** in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. **Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.**

Wife	Husband
<b>Guardian for Financial Purposes</b>	<b>Guardian for Financial Purposes</b>
Primary:	Primary:
1 <sup>st</sup> Alternate:	1 <sup>st</sup> Alternate:
2 <sup>nd</sup> Alternate Name:	2 <sup>nd</sup> Alternate Name:
<b>Guardian for Health care Purposes</b>	<b>Guardian for Health care Purposes</b>
Primary:	Primary:
1 <sup>st</sup> Alternate:	1 <sup>st</sup> Alternate:

2 <sup>nd</sup> Alternate Name:	2 <sup>nd</sup> Alternate Name:
Persons you wish to exclude:	Persons you wish to exclude: