

# Hogarth Law Firm

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

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

## ***I. Contact Information***

Full Name (as you will sign your will)	
Address	
Phone numbers	Home: Fax: Mobile:
Email addresses	

Have you ever lived in any state other than Texas?

Other States

Date you moved to Texas

\_\_\_\_\_

## ***II. Personal Information***

Birth date	
Country of Citizenship	
Occupation	
Family-owned Business? If yes, then please provide,	Name: Address: Description: EIN:

### ***III. Objectives***

Do you presently have a will? If yes, please include a copy.
What are your goals for your estate plan?
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?
In general, to whom do you want to distribute your estate?
Do you intend to disinherit anyone?
Are you anticipating any family discord regarding your will plan?

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

Currently married? If yes, then provide Name, Date and State of Marriage.	Yes ___ No ___ Name of Spouse: 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.)

## V. *Children & Grandchildren*

*(please include those deceased)*

### (a) Children from prior marriage

Name	Birth date	State of Residence

### (b) 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 options, please indicate current value.) Please list.</p>			
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


**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. 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>Executor</b>	<b>Guardian/Trustee for Minors</b>
Primary Name: City & State: Relationship:	Primary Name: City & State: 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: <b>Relationship:</b>

### **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.

### **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.

Durable Power of Attorney	Medical Power of Attorney
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?

_____ Comfort treatment only.
_____ All available life-sustaining treatments.
_____ 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?

_____	Comfort treatment only
_____	All available life-sustaining treatments.
_____	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.**

<b>Guardian for Financial 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:	