

FRANCIS & TOTUSEK, L.L.P.

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CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING

1. INFORMATION FOR FIRST SPOUSE:

Full Name: _____ Birth date: _____
Name You Usually Sign: _____ Wedding Date: _____
U.S. Citizen? _____ If Not, What Country? _____
Home Address: _____
City: _____ Zip: _____ County: _____
Employer: _____ Position: _____
Business Address: _____ City: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____
Cell Phone Number: _____ Email Address: _____

2. INFORMATION FOR SECOND SPOUSE:

Full Name: _____ Birth date: _____
Name You Usually Sign: _____
U.S. Citizen? _____ If Not, What Country? _____
Employer: _____ Position: _____
Business Address: _____ City: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____
Cell Phone Number: _____ Email Address: _____

3. MARITAL INFORMATION:

Do you have a prenuptial agreement, separate property agreement, or marital property agreement?

No _____ Yes _____ (Please provide a copy)

Has either spouse been married before? No _____ Yes _____ If so, please provide name of prior spouse and date of death or divorce: _____.

Any marriage agreements settling property rights from a prior marriage? _____ No _____ Yes (If so, list details on reverse side)

4. CHILDREN: Please indicate whether adopted or by previous marriage. If a child is not the natural or adoptive child of both parents, please indicate whether the husband or wife is the natural or adoptive parent with an "H" or "W".

(a) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

(b) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

(c) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

(d) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

(e) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

(f) **Full Name:** _____ **Birth Date:** _____
Address: _____
Telephone: _____ **Name of Spouse:** _____
Names & ages of children (your grandchildren) _____

Are there any deceased children? _____ No _____ Yes (Please list on an attached sheet)

Do any of your children have special educational, medical, or financial needs? Please describe: _____

5. OTHER LIVING RELATIVES: Please list names and ages of any living parent of either spouse, and names and ages of brothers and sisters of either spouse. Identify which spouse unless obvious.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>City of Residence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. DISPOSITION OF PROPERTY

(a) In general, describe the way **Husband** wants his property to pass upon his death (add additional pages, if necessary).

(1) If Wife survives Husband: _____

(2) If Wife does not survive Husband: _____

(3) If neither Wife nor children (or grandchildren) survive Husband: _____

(4) Special provisions with respect to any specific properties, including pets or digital assets? _____

(5) Special gifts to any persons or charitable organizations? _____

(b) In general, describe the way **Wife** wants her property to pass upon her death (add additional pages, if necessary).

(1) If Husband survives Wife: _____

(2) If Husband does not survive Wife: _____

(3) If neither Husband nor children (or grandchildren) survive Wife: _____

(4) Special provisions with respect to any specific properties, including pets or digital assets? _____

(5) Special gifts of money or property to any persons or charitable organizations? _____

(c) If a trust is used for your children, at what ages and in what percentages should they receive the property in the trust? (Assume that their health, support, and education needs are provided for during the term of the trust.) May be lump sum at certain age (for example, at everything age 25), or could be installments (for example, one-third at age 25, 30, and 35).

Any special distribution provisions? _____

7. SELECTION OF REPRESENTATIVES: List below the name, relationship, and city of residence of the person (or the name and address of the bank) that you wish to have serve in the capacities indicated:

(a) Husband's Will/Trust.

Executor(s) _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

Trustee(s) _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

Guardian _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

(b) Wife's Will/Trust.

Executor(s) _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

Trustee(s) _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

Guardian _____ **Residence** _____

1st Alternate _____ **Residence** _____

2nd Alternate _____ **Residence** _____

8. CURRENT ESTATE PLANNING DOCUMENTS: Please provide copies of each of the following documents:
(1) Your most recent Will and any Codicils to your Will. (2) Each trust which you have created. (3) Each trust of which you are a beneficiary. (3) Each power of attorney, including durable powers of attorney and medical or health care powers of attorney.

9. DURABLE POWER OF ATTORNEY: Do you wish to have a Durable Power of Attorney? Yes ____ No ____ (If yes, indicate the name address of the initial Agent and any alternates):

(a) Husband's Agent: _____

Address: _____

Husband's Alternate Agent: _____

Address: _____

(b) Wife's Agent: _____

Address: _____

Wife's Alternate Agent: _____

Address: _____

10. **MEDICAL POWER OF ATTORNEY:** Do you wish to have a Medical Power of Attorney? Yes ___ No ___
(If yes, please indicate the name, address, other information about the initial agent and alternates, if desired):

(a) **Husband's Initial Agent:** _____
Address: _____
Telephone: _____ **Agent to have copy?** _____
Do you wish to restrictions the Agent's authority to make health care decisions? ___ No ___ Yes
If so, please specify: _____
Where will original be kept: _____

1st Alternate: _____
Address: _____
Telephone: _____ **Agent to have copy?** _____

2nd Alternate: _____
Address: _____
Telephone: _____ **Agent to have copy?** _____

(b) **Wife's Initial Agent:** _____
Address: _____
Telephone: _____ **Agent to have copy?** _____
Do you wish to restrictions the Agent's authority to make health care decisions? ___ No ___ Yes
If so, please specify: _____
Where will original be kept: _____

1st Alternate: _____
Address: _____
Telephone: _____ **Agent to have copy?** _____

2nd Alternate: _____
Address: _____
Telephone: _____ **Agent to have copy?** _____

11. **DO YOU WISH TO HAVE A DIRECTIVE TO PHYSICIANS?**

(a) Husband: Yes ___ No ___ (b) Wife: Yes ___ No ___

12. **DO YOU WISH TO HAVE A HIPAA AUTHORIZATION?**

(a) Husband: Yes ___ No ___ (b) Wife: Yes ___ No ___

13. **DECLARATION OF GUARDIAN.** Do you wish to designate guardians of your person or your estate in the event you become incapacitated? (a) Husband: Yes ___ No ___ (b) Wife: Yes ___ No ___

	Guardian of the Person	Guardian of the Estate
Husband		
1st Choice:	_____	_____
Alternate	_____	_____
2 nd Alternate	_____	_____

Wife	Guardian of the Person	Guardian of the Estate
1st Choice:	_____	_____
Alternate	_____	_____
2 nd Alternate	_____	_____

13. OTHER ADVISORS:

Accountant: _____

Banker: _____

Financial Planner or Advisor: _____

Life Insurance Agent: _____

Stock Broker: _____

Trust Officer: _____

Physician: _____

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