

FRANCIS & TOTUSEK, L.L.P.

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CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING

1. CLIENT INFORMATION:

Full Name: _____ **Birth date:** _____

Name for Your Will/Trust: _____

U.S. Citizen? _____ **If Not, What Country?** _____

Home Address: _____

City: _____ **Zip:** _____ **County:** _____

Employer: _____ **Position:** _____

Business Address: _____

City: _____ **Zip:** _____ **County:** _____

Home Telephone: _____ **Business Telephone:** _____

Cell Phone: _____ **Email Address:** _____

2. MARITAL INFORMATION:

What is your current marital status? _____

Have you been married previously? 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)

3. CHILDREN:

(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) _____

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: _____

4. **OTHER LIVING RELATIVES:** Please list names and ages of any living parent, and names and ages of brothers and sisters.

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

5. **DISPOSITION OF PROPERTY**

(a) In general, describe the way you wish your property to pass upon your death (add additional pages, if necessary).

(b) Describe any special provisions with respect to any specific properties, including pets or digital assets:

(c) Describe any special gifts to any persons or charitable organizations: _____

(d) 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? _____

6. **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:

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** _____

7. **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.

8. **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):

Agent: _____
Address: _____
Alternate Agent: _____
Address: _____

9. **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):

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?** _____

10. DIRECTIVE TO PHYSICIANS. Do you wish to have a Directive to Physicians? Yes _____ No _____

11. HIPAA AUTHORIZATION. Do you wish to have a HIPAA Authorization? Yes _____ No _____

12. DECLARATION OF GUARDIAN. Do you wish to designate guardians of your person or your estate in the event you become incapacitated? Yes _____ No _____

Guardian of the Person

Guardian of the Estate

1st Choice: _____

Alternate _____

2nd Alternate _____

13. OTHER ADVISORS:

Accountant: _____

Banker: _____

Financial Planner or Advisor: _____

Life Insurance Agent: _____

Stock Broker: _____

Trust Officer: _____

Physician: _____

12. ADDITIONAL COMMENTS OR QUESTIONS

N:\DLT Files\FormsDLT\1Forms\Est Plan - Misc\INFO\Personal Information Questionnaire-S.wpd