

**FRANCIS & TOTUSEK, L.L.P.**

1830 ROSS TOWER  
500 NORTH AKARD STREET  
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(214) 740-4250  
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**CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING**

**1. CLIENT INFORMATION:**

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name Usually Signed: \_\_\_\_\_

Name on Social Security Card: \_\_\_\_\_

Name on Drivers License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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:**

Current marital status? \_\_\_\_\_ Married Previously? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If previously married, 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 \_\_\_\_\_  
Guardian (for children) \_\_\_\_\_ Residence \_\_\_\_\_  
1st Alternate \_\_\_\_\_ Residence \_\_\_\_\_  
2nd Alternate \_\_\_\_\_ Residence \_\_\_\_\_  
Trustee (for children) \_\_\_\_\_ Residence \_\_\_\_\_  
1st Alternate \_\_\_\_\_ Residence \_\_\_\_\_  
2nd Alternate \_\_\_\_\_ Residence \_\_\_\_\_

7. **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: \_\_\_\_\_

8. **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? Yes \_\_\_\_ No \_\_\_\_  
Do you wish to restrictions the Agent's authority to make health care decisions? Yes \_\_\_\_ No \_\_\_\_  
If so, please specify: \_\_\_\_\_  
Where will original be kept: \_\_\_\_\_  
1st Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Agent to have copy? Yes \_\_\_\_ No \_\_\_\_  
2nd Alternate: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Agent to have copy? Yes \_\_\_\_ No \_\_\_\_

9. **DIRECTIVE TO PHYSICIANS.** Do you wish to have a Directive to Physicians? Yes \_\_\_\_\_ No \_\_\_\_\_

10. **HIPAA AUTHORIZATION.** Do you wish to have a HIPAA Authorization? Yes \_\_\_\_\_ No \_\_\_\_\_

11. **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**

**Initial Choice:** \_\_\_\_\_

\_\_\_\_\_

**1<sup>st</sup> Alternate** \_\_\_\_\_

\_\_\_\_\_

**2<sup>nd</sup> Alternate** \_\_\_\_\_

\_\_\_\_\_

12. **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.

13. **OTHER ADVISORS:**

**Accountant:** \_\_\_\_\_

**Banker:** \_\_\_\_\_

**Financial Planner or Advisor:** \_\_\_\_\_

**Life Insurance Agent:** \_\_\_\_\_

**Stock Broker:** \_\_\_\_\_

**Trust Officer:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

12. **ADDITIONAL COMMENTS OR QUESTIONS**