

# CLIENT INFORMATION WORKSHEET

## PART 1: PERSONAL DATA

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Are you a U.S. citizen? Yes:  No:

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Alias Names (if any): \_\_\_\_\_

Are you a U.S. citizen? Yes:  No:

CHILDREN'S INFORMATION:

Name	Living?	Age	Date of Birth	Married?	City/State of Residence
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

For each child, state the name of the child's other parent if not your present spouse. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER DEPENDENTS, IF ANY:

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____

GRANDCHILDREN'S INFORMATION

Name:	Age:	Birthdate:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Please provide the following information regarding any former marriages:

Name of former spouse	Living?	Date of Death or Divorce
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____

Please provide the following information regarding your spouse's former marriages, if any:

Name of former spouse	Living?	Date of Death or Divorce
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____

Do you presently have a Will? Yes:  No:  If so, what is the date on the Will? \_\_\_\_\_

Was it signed in Texas? Yes:  No:  If not, where? \_\_\_\_\_

Amended Will or Codicil? Yes:  No:  Date: \_\_\_\_\_

Spouse presently has a Will? Yes:  No:  If so, what is the date on the Will? \_\_\_\_\_

Was it signed in Texas? Yes:  No:  If not, where? \_\_\_\_\_  
\_\_\_\_\_

Amended Will or Codicil? Yes:  No:  Date: \_\_\_\_\_

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes:  No:  If so, what is the name and date of the trust? \_\_\_\_\_  
\_\_\_\_\_

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes:  No:  If so, what is the name and date of the trust? \_\_\_\_\_  
\_\_\_\_\_

**PART II-a**  
**YOUR DISPOSITIVE PLAN**

Describe in general terms how you wish to distribute your property under your will: \_\_\_\_\_

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If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your spouse?

- Outright
- In Trust until: \_\_\_\_\_

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

- Outright
- In Trust until reach age \_\_\_\_\_, then outright
- In Trust with distributions at various ages and amounts
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ remaining share at age \_\_\_\_\_

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

- Outright
- In Trust until reach age \_\_\_\_\_, then outright
- In Trust with distributions at various ages and amounts
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ remaining share at age \_\_\_\_\_

**PART II-b**  
**SPOUSE'S DISPOSITIVE PLAN**

Describe in general terms how you wish to distribute your property under your will: \_\_\_\_\_

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If your spouse is a beneficiary, do you want the property to be distributed outright or in trust for the benefit of your

spouse?

- Outright
- In Trust until: \_\_\_\_\_

If your children are beneficiaries of your property, do you want the property to be distributed to your children outright or in trust until a certain date?

- Outright
- In Trust until reach age \_\_\_\_\_, then outright
- In Trust with distributions at various ages and amounts
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ remaining share at age \_\_\_\_\_

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

- Outright
- In Trust until reach age \_\_\_\_\_, then outright
- In Trust with distributions at various ages and amounts
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ percent at age \_\_\_\_\_
  - \_\_\_\_\_ remaining share at age \_\_\_\_\_

**PART III-a - YOUR DESIGNEES**

**EXECUTOR** (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: \_\_\_\_\_

1st Alternate Executor: \_\_\_\_\_

2nd Alternate Executor: \_\_\_\_\_

3rd Alternate Executor: \_\_\_\_\_

**TRUSTEE** (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

3rd Alternate Guardian: \_\_\_\_\_

**POWER OF ATTORNEY** (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**HEALTH CARE AGENT** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Health Care Surrogate: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_



**PART III-b - SPOUSE'S DESIGNEES**

**EXECUTOR** (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: \_\_\_\_\_

1st Alternate Executor: \_\_\_\_\_

2nd Alternate Executor: \_\_\_\_\_

3rd Alternate Executor: \_\_\_\_\_

**TRUSTEE** (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: \_\_\_\_\_

1st Alternate Trustee: \_\_\_\_\_

2nd Alternate Trustee: \_\_\_\_\_

3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN** (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: \_\_\_\_\_

1st Alternate Guardian: \_\_\_\_\_

2nd Alternate Guardian: \_\_\_\_\_

3rd Alternate Guardian: \_\_\_\_\_

**POWER OF ATTORNEY** (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Power of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

**HEALTH CARE AGENT** (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

Alternate Health Care Surrogate: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Phone No.: \_\_\_\_\_ Wk Phone No.: \_\_\_\_\_

#### **PART IV - ASSETS**

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

##### CASH

Cash on hand: \_\_\_\_\_

Traveler's checks: \_\_\_\_\_

Money orders: \_\_\_\_\_

##### ACCOUNTS

Name of financial institution: \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account title: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**REAL ESTATE:** (include any real property on which you or your spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

\_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

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Current net equity in property:\$\_\_\_\_\_

Street address:\_\_\_\_\_

County of location:\_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$\_\_\_\_\_

Name of mortgage company and account number, if any:\_\_\_\_\_

\_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$\_\_\_\_\_

Other liens against property:\_\_\_\_\_

\_\_\_\_\_

Current net equity in property:\$\_\_\_\_\_

Street address:\_\_\_\_\_

County of location:\_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$\_\_\_\_\_

Name of mortgage company and account number, if any:\_\_\_\_\_

\_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$\_\_\_\_\_

Other liens against property:\_\_\_\_\_

\_\_\_\_\_

Current net equity in property:\$\_\_\_\_\_

**MINERAL INTERESTS:** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description (if necessary, attach a copy to this worksheet):

\_\_\_\_\_  
\_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS:**

Name of brokerage firm/mutual fund: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

\_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

\_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

\_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

\_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

**STOCKS, BONDS & OTHER SECURITIES:** (include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other \_\_\_\_\_)

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other \_\_\_\_\_)

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other \_\_\_\_\_)

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_



Name of security: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other \_\_\_\_\_)

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other \_\_\_\_\_)

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS:** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY** (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE:**

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of insurance: [term/whole/universal] Face amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Cash surrender value: \$ \_\_\_\_\_

**ANNUITIES:**

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.** (including mobile homes, trailers, and recreational vehicles)

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY:** (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_



Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Owner: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES:**

Name of depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

Name of depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

Name of depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**PART V - YOUR ADVISORS**

Name of Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Investment Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**YOUR SPOUSE'S ADVISORS  
IF DIFFERENT FROM ABOVE**

Name of Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Investment Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## INDICATE DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

- 1. Prior and present Wills, and any codicils
- 2. Trust instruments in which client is grantor, trustee, or beneficiary
- 3. Income tax return (most recent)
- 4. Gift tax returns (all)
- 5. Texas intangible tax return (most recent)
- 6. Financial statements prepared by accountant
- 7. Financial information submitted to lending institutions
- 8. Real and personal property tax bills
- 9. Deeds to property
- 10. Mortgages
- 11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
- 12. Government, municipal, and corporate bonds
- 13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
- 14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
- 15. Stockholder or partnership agreements
- 16. Pension and profit-sharing plans and summary of current benefits
- 17. Leases
- 18. Instruments under which client has any interest or power of appointment
- 19. Prenuptial, postnuptial, or separation agreements
- 20. Judgments of dissolution of marriage
- 21. Court orders or agreements under which client is obligated to provide support
- 22. Wills of other family members, if pertinent
- 23. Employment contracts
- 24. Powers of attorney
- 25. Living will and designation of health care surrogate.