

Confidential Personal and Family Data Profile

DATE: _____

_____ **MARRIED**
_____ **UNMARRIED**

Who referred you to our offices? _____

This Confidential Data Profile was prepared by the following individual(s) and its accuracy may be relied upon in the design, preparation and funding of any estate plan:

Signature – Client #1

Signature – Client #2, if applicable

Name of Client #1: (*Full Legal Name*) _____

"Other Names" known as: _____

How you sign your name on legal documents: (*print*) _____

Birthdate: _____

Social Security Number: _____ - _____ - _____ **Citizen of U.S.A.?** yes no

Health: Good _____ Fair _____ Poor _____

Occupation: _____

Any previous marriages? If so, how did marriage terminate (i.e. death, divorce)?
Any obligations under a divorce decree (if so, provide copy)?

Legal Name of Client #2: (*Full Legal Name*) _____

"Maiden Name" and "Other Names" known as: _____

How you sign your name on legal documents: (*print*) _____

Birthdate: _____

Social Security Number: _____ - _____ - _____ **Citizen of U.S.A.?** yes no

Health: Good _____ Fair _____ Poor _____

Occupation: _____

Any previous marriages? If so, how did marriage terminate (i.e. death, divorce)?
Any obligations under a divorce decree (if so, provide copy)?

Residence Address

Street: _____

City _____ County _____ State _____ Zip _____

PHONES: (Residence) _____ (Fax) _____

(Wife Work) _____ (Husband Work) _____

(Wife Mobile) _____ (Husband Mobile) _____

(email address) _____

Date of Marriage _____ Place of Marriage _____

Strength of Marriage: Strong _____ Fair _____ Shaky _____

Is there a pre or post marital contract (if so, provide copy)?

Have you ever been sued? If yes, please describe the reason and the outcome:

Do you currently have knowledge of any pending, threatened or actual lawsuit filed against you?

- If yes, please describe:

Have you ever sued anyone? If yes, please describe the reason and the outcome:

RISK MANAGEMENT: What are the policy limits on the following types of insurance policies:

- Disability Income (benefit amount, waiting period, duration, definition of disabled)
- Auto
- Homeowners
- Umbrella Liability
- Malpractice

INCOME TAX PLANNING:

Do you feel that you are paying too much in taxes

- a. if so, annual gross income
- b. amount of tax paid last year's return

LIABILITY ASSESSMENT:

Do you own rental property?

List all of the entities for which you are an Officer, Director or Board Member (including non-profit)?

Do you sell a product or render a service to others ?

Do you have any full or part-time employees?

Do you own a swimming pool, trampoline, vicious dog, powerboat ?

When did you purchase your home (i.e. new Bankruptcy Act)

Have you or your spouse ever filed a gift tax return (if so, provide a copy) ? _____

Is the avoidance of Will contests and disputes a concern ? _____

Are you currently implementing a gift-giving program? _____

- Who are the donees?
- What is the annual dollar amount?

Explain any changes that you know that you would like to make in your existing estate plan?

Are you interested in providing for a charity ? _____

- Name of charity(ies)?
- Dollar amount or percentage of estate?

CHILDREN (Legal Name)	BIRTHDATE	THIS MARRIAGE	PRIOR	HUSBAND'S PRIOR	WIFE'S
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#1 _____	_____	_____	_____	_____	_____
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City & State of residence if different:

Occupation:

Single/Married Spouse's name: Is this a 1st marriage? Strong marriage?

Children (names / ages):

Handle money well?

Any special needs?

#2 _____	_____	_____	_____	_____	_____
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City & State of residence if different?

Occupation:

Single/Married Spouse's name: Is this a 1st marriage? Strong marriage?

Children (names / ages):

Handle money well?

Any special needs?

#3 _____	_____	_____	_____	_____	_____
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City & State of residence if different:

Occupation:

Single/Married Spouse's name: Is this a 1st marriage? Strong marriage?

Children (names / ages)?

Handle money well?

Any special needs?

(Please use another sheet or back of sheet for additional children)

What dollar value of inheritance do you want to provide for each child?

Do your children get along with each other?

Any "**deceased**" children?

Any "**adopted**" children?

Any children **given up** for adoption?

Any other heirs with "**Special Needs**" (i.e. mental, physical, education)?

Do any of your children / grandchildren / etc. receive **governmental support**?

Are any of your children **institutionalized**?

Do you provide primary or other major financial support to adult children?

DEPENDENTS OTHER THAN CHILDREN (i.e. "Parents", "Siblings", "Grandchildren")

A. _____ Monthly Expense \$ _____ Approx. Duration _____ Yrs.

B. _____ Monthly Expense \$ _____ Approx. Duration _____ Yrs.

DO YOU ANTICIPATE INHERITANCES FROM YOUR FAMILY?

Husband	yes	no	Amount \$	
Wife		yes	no	Amount \$

Forecasting your Estate:

At what average **annual percentage rate** will your **estate grow**? _____ %

- In forecasting future estate taxes, how far in the future do you want us to calculate taxes?

Life expectancy? 5 years? 10 years? 15 years? 20 years?

If you (and your spouse, if any) die prematurely, at what ages are your **children** or **grandchildren** mature enough to receive your estate outright?

_____ all age 18

_____ 1/3 @ _____, 1/3 @ _____, 1/3 @ _____,

_____ 1/4 @ _____, 1/4 @ _____, 1/4 @ _____, 1/4 @ _____,

_____ Lifetime creditor-proof, divorce-proof, estate-tax exempt "Dynasty" Trust"

_____ Other:

Other Advisors

I HAVE A SATISFACTORY RELATIONSHIP WITH:

Accountant:	_____	Phone:	_____
Investment Advisor:	_____	Phone:	_____
Life Insurance Agent:	_____	Phone:	_____
Home/Car Insurance Agent:	_____	Phone:	_____
Attorney:	_____	Phone:	_____
Other Advisors:	_____	Phone:	_____

List the names of any advisors (CPA, relative, friend, etc.) whose advice you will be relying upon to make decisions about your estate plan:

- 1.
- 2.

Please have these individuals present at our meeting.

CURRENT ESTATE PLAN INCLUDES:

<i>Year Prepared</i>	<i>Prepared in Texas ?</i>		
_____	_____	<input type="checkbox"/>	<i>Living Trust</i>
_____	_____	<input type="checkbox"/>	<i>Will</i>
_____	_____	<input type="checkbox"/>	<i>Family Limited Partnership</i>
_____	_____	<input type="checkbox"/>	<i>Offshore Trust</i>
_____	_____	<input type="checkbox"/>	<i>Trust for Children</i>
_____	_____	<input type="checkbox"/>	<i>Limited Liability Company</i>
_____	_____	<input type="checkbox"/>	<i>Marital Partition Agreement</i>
_____	_____	<input type="checkbox"/>	<i>Financial Power of Attorney</i>
_____	_____	<input type="checkbox"/>	<i>Medical Power of Attorney</i>
_____	_____	<input type="checkbox"/>	<i>Community Property Agreement</i>
_____	_____	<input type="checkbox"/>	<i>IRA or Retirement Plan beneficiary designations</i>
_____	_____	<input type="checkbox"/>	<i>Life Insurance beneficiary designations</i>
_____	_____	<input type="checkbox"/>	<i>Annuity beneficiary designations</i>
_____	_____	<input type="checkbox"/>	<i>ILIT (Irrevocable Life Insurance Trust)</i>
_____	_____	<input type="checkbox"/>	<i>Joint Tenancy with Right of Survivorship (JTROS)</i>
_____	_____	<input type="checkbox"/>	<i>Buy-Sell Agreement for business interests</i>
_____	_____	<input type="checkbox"/>	<i>Other _____</i>

Decision-makers

Who do you trust to make decisions on your behalf whenever you are unable to do so yourself due to incapacity or death?

Please provide the **full Legal name / address / phone** of the individuals or trust companies whom you trust to make decisions for you in the event of your death or incapacity:

MEDICAL decisions

Note: You can name one or more individuals as sole agent or co-agents

Full Legal Name

Initially -
1st Alternate -
2nd Alternate -
3rd alternate -

FINANCIAL decisions

(Power of Attorney, Executor, Trustee)

Note: You can name one or more individuals or trust companies as sole or co-trustee, executor, etc.

Full Legal Name

Initially -
1st Alternate -
2nd Alternate -
3rd alternate -

Exclusion from service: Is there anyone that you specifically want to exclude from serving ?

Spousal Remarriage: If you are married and your spouse remarries or cohabitates with another, would this change your decision as to your spouse's service as trustee ?

Example: Require co-trustees? Require a replacement trustee?

Guardian for Minor Children

NOTE: You cannot name Co-Guardians unless they are married; Even then, you should address what happens in the event of a divorce or death;

Full Legal Name Address Phone

Initially -
1st Alternate -
2nd Alternate -
3rd alternate -

Please use the back of the page if you have additional alternates;

Inheriting Instructions

Power of Appointment: Do you have a Power of Appointment (right to designate how assets will pass) in any Will, Trust, etc. created by another? (circle yes or no)

yes no

Any "**Special Bequests**" ? (i.e. cash bequests, specific property, etc. to specific heirs or charity)

Asset (full description)	TO BE GIVEN TO: (Legal Name)

Distribution of Remaining Assets:

1. If you are married and your spouse survives you:

Do you want a provision in the event your spouse remarries ?

- Examples:
- a. access to income only, but no access to principal;
 - b. Require a prenuptial agreement or forfeit access to assets
 - c. cannot change your estate plan and disinherit your children
 - d. other ideas to discuss

2. If you are not married or your spouse does not survive you:

3. If any of the individuals named above do not survive you:

4. Disinheriting: Are there any relatives that you specifically want to "**Disinherit**" ?

PERSONAL FINANCIAL STATEMENT

DESCRIPTION OF ASSETS	FAIR MARKET VALUE	LIABILITY	NET VALUE	HOW TITLE IS HELD
				<input type="checkbox"/> Community Property <input type="checkbox"/> Husband's Separate <input type="checkbox"/> Wife's Separate <input type="checkbox"/> Tenancy in Common <input type="checkbox"/> Joint Tenancy <input type="checkbox"/> Tenancy by the Entirety
RESIDENCE				
OTHER REAL ESTATE				Agriculture Exemptions?
STOCK & BONDS				
BUSINESS INTERESTS *				
CASH IN BANKS/CDs				
NOTES RECEIVABLE				
AUTOS & BOATS				
FURNITURE & FURNISHINGS				
PERSONAL EFFECTS				
RETIREMENT PLAN IRA				
OTHER				
OTHER ASSETS				
LIVESTOCK/EQUIPMENT				
STOCK OPTIONS				Type of Options: ISO NQ Other
UNSECURED DEBT			()	
TOTAL VALUES				

*Business Name: _____
 Net Value of Entire Business \$ _____
 Accounts Receivables: _____

Value Determined by:
 Client's Estimate
 Book Value
 Buy-Sell Agreement
 Other
 Number of Employees

HOW IS BUSINESS TO BE DISPOSED OF AT DEATH

Continued by Heirs Liquidated
 Sold to Surviving Owners Sold to Key Persons

FORM OF BUSINESS

Sole Proprietorship C Corporation
 Partnership S Corporation
 Professional Corp.

IS THERE A BUY-SELL AGREEMENT? YES NO

LIFE INSURANCE & ANNUITIES

COMPANY	INSURED	OWNER	Primary BENEFICIARY	Contingent BENEFICIARY	DEATH BENEFIT	CASH VALUE

Use back of page or separate page if necessary

Document Checklist

If possible, please bring any of the following documents which you feel might be helpful to our Estate Analyzer meeting; however, please do not let this document request delay taking action. Thank you.

Checklist	Document
	Last Will and Testament
	Revocable Living Trust
	Power of Attorney - financial
	Power of Attorney - medical
	HIPAA Release and Authorization
	Directive to Physician - Life support / terminal illness
	Declaration of Your Guardian in the event of your incapacity
	Appointment of Guardian for Minor children
	Life insurance policies
	Retirement plan beneficiary designations > who will inherit?
	Brokerage Account - recent statement to review proper titling of account
	Family Limited Partnership - Partnership Agreement and recent tax return
	Irrevocable Trust - Trust Agreement and recent tax return