

This document is in Word.
Please print off and complete this document and return it as
soon as possible.

Upon completion of the form please fax it to
(281) 419-0250.

Please note that if you have financial or balance sheet
information in another format, please feel free to fax that to us
or email it as a file attachment to
Michael@msjlawfirm.com

If you have any questions about this form please call our office
at
(281) 419-6200.

Upon faxing, please include detailed contact information (i.e.,
home and work phone, fax, email and address) including the
best time and number to contact you.

Thank you.

Personal Information

Client's Legal Name		Date of Birth mm/dd/yyyy		US Citizen?	
Social Security No.		Moved to Texas mm/dd/yyyy			
Spouse's Legal Name		Date of Birth mm/dd/yyyy		US Citizen?	
Social Security No.		Moved to Texas mm/dd/yyyy		From?	
Date of Marriage		Place of Marriage			
If previously married, indicate length of marriage, domicile and when marriage terminated.					
How long at prior residence?:					

Children (Full Legal Names and Dates of Birth)				PRIOR MARRIAGE	
NAME AS IT IS TO APPEAR IN A LEGAL DOCUMENT	Date of Birth mm/dd/yyyy	THIS MARRIAGE?		Husband	Wife

Note: It is helpful to have a complete family tree identifying living parents by name and birth date, and grandchildren by name and birth date. Identify children born from a prior marriage. Please use paper for diagram.

Your County		Your State	
Business Address			
Home Address			

Financial Information

Assets <small>(note: type over the asset name in this column to match your assets.)</small>	Value	Title <small>(individual, joint tenants with rights of survivor, tenants in common, community property, or separate property)</small>	Institution / Account Number / Beneficiary
Real Estate			
Home			
Other home			
Rental Property			
Land			
Bank Accounts (Identify by institution and account number)			
CDs			
Money Market			
Checking			
Saving			
Retirement Accounts (Identify by plan sponsor and account number)			
IRA			
IRA			
Keogh			
SEP			
401(k)			
Other			
Other			

Assets (note: type over the asset name in this column to match your assets.)	Value	Title (individual, joint tenants with rights of survivor, tenants in common, community property, or separate property)	Institution / Account Number / Beneficiary
Investment Accounts (Identify by brokerage firm and account number)			
Stock Brokerage			
Mutual Funds			
Stock Certificates			
Bonds			
Annuities			
Money Market			
Other			
Other			
Other			
Personal Property			
Autos			
Autos			
Home Furnishings			
Jewelry			
Art			
Other			
Other			
Other			

Assets (note: type over the asset name in this column to match your assets.)	Value	Title (individual, joint tenants with rights of survivor, tenants in common, community property, or separate property)	Institution / Account Number / Beneficiary
Life Insurance Policies (Please identify by insurance company and policy number)			
Term			
Group			
Whole Life			
Universal Life			
Survivorship			
Other			
Other			
Liabilities	Value	Estate Totals	Value
Mortgage Home		Gross Estate	
Mortgage 2		(less) Total Liabilities	
Home Equity Line		(equals) Net Taxable Estate	
Loans and Debts		Please indicate in the Title section above if the property is separate property (i.e. property owned by either of you prior to marriage or received as a gift or inheritance after marriage.)	
Credit Card Debt			
Life Insurance Loan			
Unsecured Credit			

In the blue box below, please provide a brief summary of how you want your property to be distributed after your death (or, if married, upon the death of your spouse). Do you have children by a prior marriage? Do you want to consider charitable planning? Please use additional pages to provide complete information. Also give some consideration as to when your property should vest in your children (i.e. at what ages). Should property distributions be staggered (i.e. one quarter at 25, one quarter at 30, the balance at 35) or should property be passed your children's generation and vest in your grandchildren? Your children could receive the income during their lifetime and could also act as co-trustee, with an independent co-trustee. This type of planning allows your children the benefit of the property, but it is not included in their estates and it is creditor protected.

Earned Income and Annual Expenses (for financial planning)

Client's Employer		Client's Job Title	
Annual Salary	Expected Annual Increase (\$ or %)		
Expected Year of Client's Retirement	Client's Expected Social Security Annual Income		
Spouse's Employer		Spouse's Job Title	
Annual Salary	Expected Annual Increase (\$ or %)		
Expected Year of Spouse's Retirement	Spouse's Expected Social Security Annual Income		
Expected Average Federal Income Tax Rate while working		Expected Avg Tax Rate when retired	
Annual Expenses except for federal taxes before retirement		Annual Expenses after retirement (exc. Tax)	
Annual Future Contribution to Client's IRA or 401(k)		Annual Contribution to Spouse's IRA, 401(k)	

At our initial conference we will discuss personal representatives (i.e., Executors, Trustees, Guardians and Agents to act under powers of attorneys and other advanced directives). Please give some thought to who you would like to serve as your personal representatives and be prepared to discuss your choices when we meet. I will explain these concepts in detail at that time and what these individuals' legal roles and responsibilities are.

Please bring to our initial meeting your financial and legal documents including:

- *personal balance sheet info;***
- *current account statements for all personal and retirement accounts ;
(i.e. banking, investment and brokerage accounts)***
- *life insurance documents;***
- *property legal descriptions;***
- *prior estate planning documents; and***
- *divorce decrees and property settlement statements, if any.***

If you have questions, please contact me in advance of your appointment. If you are in doubt, bring the document and I will confirm whether we need to make a copy of same for your file. Thank you in advance for providing this information. It will streamline our initial conference and allow us to spend our time on substantive matters. I look forward to seeing you then.

Note: In the blue space below, please provide details relating to your goals, planning objectives, special needs or concerns, specific bequests, relatives who are dependents on your support, etc.



You are indeed fortunate if you can count on more than one hand the number of people whom you can really trust - those people who, above their own self-interest, will help you and your family in a time of need, who will never take from you or from your family. A most trusted person may be a relative (someone related to you other than members of your immediate family), a CPA, a friend, or a business associate.

Please identify these people. Exclude those who may not be qualified to serve you or your family due to age or due to lack of experience with regard to property matters.

Name	Relationship & Contact Info.

Below list those, including members of your family, whom you want to serve as an executor to settle your estate or as a trustee of a family trust (if you cannot serve). Indicate if joint service of any of these people is desired.

Name of Personal Representative to Serve as Executor or Trustee		
Single Person	Name	Relationship & Contact Info.
1 st Choice:		
2 nd Choice:		
[note: please give 2 nd choice if personal reps are to serve jointly]		
1 st Successor:		
2 nd Successor:		
3 rd Successor:		
4 th Successor:		

Husband		
1 st Choice: (note: typically spouse)		
1 st Successor:		
2 nd Successor:		
3 rd Successor:		
4 th Successor:		
Wife		
1 st Choice: (note: typically spouse)		
1 st Successor:		
2 nd Successor:		
3 rd Successor:		
4 th Successor:		

I will generally identify a state or national bank with trust powers in estate planning documents (1) as a reference to a prime rate of interest; (2) as a reference to current yields on a one-year certificate of deposit; (3) as a successor trustee. Please identify the banking organization of your choice.

Name of Bank	
Do you want this bank to serve as a primary trustee (either alone or as co-Trustee with a family member)?	
Yes or No?	

LIVING TRUST: I generally recommend the use of a living trust. You will usually serve as the trustee of the trust (if married, husband and wife will generally serve as co-trustees). The living trust names those who are to succeed you upon your death or disability. Identify those who are to succeed you and whom you trust to settle your estate and to deal with property and tax matters as the result of your death (designate if service of any two or more is to be joint).

Name of Living Trust (to be determined by attorney)		
Name of Family Trust (to be determined by attorney)		
	Name of Successor Trustees	Relationship
1 st Choice Successor Trustee:		
2 nd Choice Successor Trustee:		
3 rd Choice Successor Trustee:		

TRUST FOR CHILD OR GRANDCHILD: If you want to consider a trust for a child, children, grandchild, or grandchildren, discuss goals for trust with attorney (i.e., gift trust, special needs trust, insurance trust, generation skipping trust, etc.).

Name of Trust for Child, Grandchild (to be determined by attorney)	
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Please identify those who are to serve as trustee or trustees of the trust for your child or grandchild, and those who are to serve as successor trustees [designate if service of any two or more is to be joint]:

Name	Relationship

Where trusts for children are indicated, I typically recommend the service of an independent trustee, [i.e., someone who is not a member (or spouse) of the trust creator's immediate family] for state law and tax law reasons. If the trust is to be a mid term or long term trust, the beneficiary may also serve as a family trustee and co-trustee with the independent trustee. Please indicate if you wish to have a beneficiary serve as a co-trustee and age of service.

STATUTORY DURABLE POWER OF ATTORNEY: Designate the person or persons who are to act for you as an agent under a power of attorney [designate if service of any two or more is to be joint]:

Name, address and phone no. of person to serve as Agent and Successor Agents		Relationship
Client's 1 st Choice:		
Address:		
Phone:		
Client's 2 nd Choice:		
Address:		
Phone:		
Client's 3 rd Choice:		
Address:		
Phone:		

MEDICAL POWER OF ATTORNEY FOR HEALTH CARE DECISIONS: Designate the person or persons who are to make health care decisions and termination of life decisions for you if you cannot do so yourself (designate if service of any two or more is to be joint).

Name, address and phone no. of person to serve as Agent and Successor Agents		Relationship
Client's 1 st Choice:		
Address:		
Phone:		
Client's 2 nd Choice:		
Address:		
Phone:		
Client's 3 rd Choice:		
Address:		
Phone:		

Spouse's 1st Choice:		
Address:		
Phone:		
Spouse's 2nd Choice:		
Address:		
Phone:		
Spouse's 3rd Choice:		
Address:		
Phone:		

Family Doctors	Client	Spouse
Name:		
Address:		
Phone:		

Do you want to delegate the authority to make a health care decision (or removal of life support systems) if you lack the capacity to make a decision on your own? (Yes or No)?		
Delegate (yes or no)?		

GUARDIANSHIP FOR ADULTS: The Texas Probate Code authorizes you to name or declare, in advance and in writing, someone to serve as guardian of your person or estate in the event of later need for such a guardian. If the person so named is not otherwise disqualified, the Probate Court is bound to appoint such person at the time a guardianship application is filed. In the event that you or your spouse were to become incapacitated, who, in order of preference, do you want to serve as guardian of each of you and your respective estate? Designate if service of any two or more is to be joint. Note: You may choose to have the same person serve as Guardian over your Person and Estate, or you may prefer to have someone with more financial experience to serve as Guardian over your Estate to make the financial and investment decisions. The choice is yours.

Name of person to serve as Guardian of your Estate		Relationship
Client's 1 st Choice:		
Client's 2 nd Choice:		
Client's 3 rd Choice:		
Client's 4 th Choice:		
Spouse's 1 st Choice:		
Spouse's 2 nd Choice:		
Spouse's 3 rd Choice:		
Spouse's 4 th Choice:		
Name of person to serve as Guardian of your Person		Relationship
Client's 1 st Choice:		
Client's 2 nd Choice:		
Client's 3 rd Choice:		
Client's 4 th Choice:		
Spouse's 1 st Choice:		
Spouse's 2 nd Choice:		
Spouse's 3 rd Choice:		
Spouse's 4 th Choice:		

GUARDIANSHIP FOR MINOR CHILDREN: Who, in order of preference, do you want to serve as guardian of your minor children if you are deceased or incapacitated? Designate if service of any two or more is to be joint. Also, please note: you may choose separate people to be guardians of your child's person and estate. Example: You may choose to have someone serve as guardian of your child's estate (making all financial and investment decisions) and you may choose a guardian over your child's person (making medical, educational and all other decisions).

Name of person to serve as Guardian of your Children's Person & Estate (combined)		Relationship
Client's 1 st Choice:		
Client's 2 nd Choice:		
Client's 3 rd Choice:		
Client's 4 th Choice:		
Spouse's 1 st Choice:		
Spouse's 2 nd Choice:		
Spouse's 3 rd Choice:		
Spouse's 4 th Choice:		
Name of person to serve as Guardian of your Child's Person (Medical, Educational and Etc.)		Relationship
Client's 1 st Choice:		
Client's 2 nd Choice:		
Client's 3 rd Choice:		
Client's 4 th Choice:		
Spouse's 1 st Choice:		
Spouse's 2 nd Choice:		
Spouse's 3 rd Choice:		
Spouse's 4 th Choice:		
Name of person to serve as Guardian of your Child's Estate (Financial Decisions Only)		Relationship
Client's 1 st Choice:		
Client's 2 nd Choice:		
Client's 3 rd Choice:		
Client's 4 th Choice:		
Spouse's 1 st Choice:		
Spouse's 2 nd Choice:		
Spouse's 3 rd Choice:		
Spouse's 4 th Choice:		

