



16055 SPACE CENTER BOULEVARD, SUITE 190  
CLEAR LAKE CITY · HOUSTON, TEXAS 77062  
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**PERSONAL INFORMATION FOR ESTATE PLANNING**

**Husband:**

SS No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Case No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Wife:**

SS No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Case No.: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

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

Mailing Address: (If different from Residence)  
\_\_\_\_\_

Employer and position: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Living Children:** - List full names with complete current addresses and phone numbers.

1. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child is: Single  Married  Divorced  Widowed   
Number of children: \_\_\_\_\_  
(Please check if child is from a previous marriage  )
2. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child is: Single  Married  Divorced  Widowed   
Number of children: \_\_\_\_\_  
(Please check if child is from a previous marriage  )
3. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child is: Single  Married  Divorced  Widowed   
Number of children: \_\_\_\_\_  
(Please check if child is from a previous marriage  )
4. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Gender: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child is: Single  Married  Divorced  Widowed   
Number of children: \_\_\_\_\_  
(Please check if child is from a previous marriage  )

**Deceased Child(ren):**

Name	Birth date	Date of death
_____	_____	_____
_____	_____	_____

Do you have adopted children?  Yes  No  Yes  No

Are any of your children or other beneficiaries disabled?  Yes  No  Yes  No

**Other Dependents:** (Use full names - bring a list of all other dependents if more than one.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**You and Your Spouse:**

**Husband**

**Wife**

Please check all that apply.

Have you or your spouse completed previous will, trust, or estate planning?  
(Please bring copies to the initial meeting)

Yes     No

Yes     No

Has either of you been divorced?

Yes     No

Yes     No

Date(s) of Divorce:

\_\_\_\_\_

\_\_\_\_\_

Name(s) of former spouse(s):

\_\_\_\_\_

\_\_\_\_\_

Is either spouse making payments pursuant to a divorce or property settlement agreement?  
(Please bring copies to the initial meeting)

Yes     No

Yes     No

Did you or your spouse sign a pre- or post-marital agreement?  
(Please bring copies to the initial meeting)

Yes     No

Yes     No

Have you or your spouse been widowed?  
(If a federal estate tax return or a state death tax return was filed, please bring a copy with you)

Yes     No

Yes     No

Date of Death:

\_\_\_\_\_

\_\_\_\_\_

Name of deceased spouse:

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever filed federal or state gift tax returns? (Please bring copies to the initial meeting)

Yes     No

Yes     No

Do you or your spouse own a farm?

Yes     No

Yes     No

In what states have you lived married to your current spouse?

Husband: \_\_\_\_\_

During what periods of time did you reside there? \_\_\_\_\_

Wife: \_\_\_\_\_

During what periods of time did you reside there? \_\_\_\_\_

**Your Fiduciaries:**

1. **EXECUTOR.** Whom will you name an Executor to handle the estate at your death?  
Executor (Normally your spouse): \_\_\_\_\_  
Alternate Executor: \_\_\_\_\_  
Second Alternate: \_\_\_\_\_

2. **TRUSTEE OF TRUST FOR SPOUSE.** If your Will provides a trust for your spouse, whom will you name as Trustee?  
Trustee (Normally your spouse): \_\_\_\_\_  
Alternate Trustee: \_\_\_\_\_  
Second Alternate: \_\_\_\_\_

3. **TRUSTEE OF TRUST FOR CHILDREN AND OTHER DESCENDANTS.** If your Will provides a trust for your children or grandchildren, whom will you name as Trustee?  
Trustee: \_\_\_\_\_  
Alternate Trustee: \_\_\_\_\_  
Second Alternate: \_\_\_\_\_

4. **FINANCIAL MATTERS POWER OF ATTORNEY.** Whom will you name as the person authorized to make financial decisions for you? The address and phone number of each agent will be included in the Financial Power of Attorney.

Financial Matters Agent: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

First Alternate: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

Second Alternate: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

**This power will become effective  upon my signing the document or  upon my incapacity.**

5. **HEALTHCARE MATTERS POWER OF ATTORNEY.** Whom will you name as the person authorized to make health care decisions for you in the event you are incapacitated? The address and phone number of each agent will be included in the Healthcare Power of Attorney. Is this information **the same** as for number 4? \_\_\_\_\_  
(If yes, then there is no need to fill out this section.)

Healthcare Matters Agent: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

First Alternate: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

Second Alternate: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Area Code and Phone Number: \_\_\_\_\_

5. **GUARDIAN.** Whom will you name as guardian to your minor or incapacitated children, if any?

Guardian: \_\_\_\_\_  
Relation: \_\_\_\_\_

Alternate: \_\_\_\_\_  
Relation: \_\_\_\_\_

### **PLAN OF DISTRIBUTION**

1. **SPECIFIC GIFTS.** Do you want to make any gifts to a charity? Do you wish to make any special gifts to particular persons?

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

2. **AGE OF DISTRIBUTION.** If you establish a trust to allow a third party to manage assets for beneficiaries, when do you think the beneficiaries will be mature enough to manage assets on their own?

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3. **PRIMARY DISTRIBUTION.** To whom do you want to leave your assets/estates? (Normally, to spouses, then descendants.)

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4. **SECONDARY DISTRIBUTION.** If you, your spouse, your children, and all other beneficiaries named fail to survive you, to whom do you want to leave your estates? (You might consider a charity, your church, your heirs or particular relatives.)

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5. **OTHER NOTES/ISSUES YOU WANT TO DISCUSS:**

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**ASSET INFORMATION**

- 1. How many pieces of Real Estate do you own in Texas? \_\_\_\_\_
- 2. Do you own any real estate outside of Texas? \_\_\_\_\_
- 3. Do you own any mineral interests in Texas? \_\_\_\_\_
- 4. Do you own any mineral interests outside of Texas? \_\_\_\_\_
- 5. Do you own any business interests? \_\_\_\_\_

If yes, identify the form of ownership:

- |   |  |
|---|--|
| <input type="checkbox"/> Corporations         | <input type="checkbox"/> Limited Liability Companies   |
| <input type="checkbox"/> Partnerships         | <input type="checkbox"/> Limited Partnership Interests |
| <input type="checkbox"/> Sole Proprietorships | <input type="checkbox"/> Other Business Interests      |

- 6. Do you have any Promissory or Real Estate Notes payable to you? \_\_\_\_\_
- 7. How many Bank, Savings and Loan, Credit Unions, investment, or brokerage accounts do you hold? \_\_\_\_\_
- 8. Are any such accounts held with rights of survivorship? \_\_\_\_\_
- 9. Do you have any Life Insurance Policies or Annuities? \_\_\_\_\_

If yes, identify the beneficiaries:

Husband's \_\_\_\_\_  
Wife's \_\_\_\_\_

- 10. Do you have any Retirement Plans or Accounts? (IRAs, Pensions, SEPs Keogh Plans, 401(k) Plans, etc.) \_\_\_\_\_

If yes, identify the beneficiaries:

Husband's \_\_\_\_\_  
Wife's \_\_\_\_\_

- 11. Do you hold any Stocks, Bonds or Mutual Funds outside of a brokerage account? \_\_\_\_\_
- 12. Are any such assets held with rights of survivorship? \_\_\_\_\_
- 13. Do you have an interest in any trusts? \_\_\_\_\_
- 14. Are you expecting any inheritances \_\_\_\_\_

**SUMMARY OF ASSETS** -- Please summarize the approximate value of your assets below.  
 If owned separately or jointly, please enter value in appropriate column.

<b>Asset Type:</b>	<b>Husband's Separate Property:</b>	<b>Wife's Separate Property:</b>	<b>Jointly Owned Together:</b>
Cash	\$	\$	\$
Residence	\$	\$	\$
Other Real Estate	\$	\$	\$
Mineral Interests	\$	\$	\$
Household Goods	\$	\$	\$
Motor Vehicles	\$	\$	\$
Collectibles	\$	\$	\$
Other Personal Assets	\$	\$	\$
Life Insurance (Face Value/Cash surrender)	\$	\$	
<b>In His Name:</b>			
<b>In Her Name:</b>			
Annuities	\$	\$	\$
Qualified Retirement Plans	\$	\$	
<b>In His Name:</b>			\$
<b>In Her Name:</b>			\$
Other Investments	\$	\$	\$
Expected Inheritances	\$	\$	\$
Interests in Trust/Estates	\$	\$	\$
Receivables (from a business operation)	\$	\$	\$
Business Interests (ownerships in LLCs, Corps., LPs, etc.)	\$	\$	\$
Intellectual Properties (value of the I.P. or Royalties received)	\$	\$	\$
Agricultural Assets	\$	\$	\$
Burial Plots	\$	\$	\$
Other Assets	\$	\$	\$
<b>Subtotal of Assets</b>	\$	\$	\$

**TOTAL COMBINED ESTATE VALUE :** \_\_\_\_\_