

**LAW OFFICES OF  
LANDRITH & KULESZ, L.L.P.**  
*A REGISTERED LIMITED LIABILITY PARTNERSHIP*

601 W. Abram, Arlington, Texas 76010  
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Please answer the following questions to the best of your ability. The information and answers will be kept confidential and will aid the firm in more efficiently and quickly helping you with your legal problem. Thank you for your assistance.

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**ESTATE PLANNING INTAKE SHEET**

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**PART 1: PERSONAL DATA**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Alias Names (if any): \_\_\_\_\_  
Are you a U.S. citizen? Yes: \_\_\_ No: \_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Alias Names (if any): \_\_\_\_\_  
Is spouse a U.S. citizen? Yes: \_\_\_ No: \_\_\_

**CHILDREN'S INFORMATION:**

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

\_\_\_\_\_ Yes/No \_\_\_\_\_ Yes/No \_\_\_\_\_  
\_\_\_\_\_ Yes/No \_\_\_\_\_ Yes/No \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Please provide the following information regarding any former marriages:

Name of former spouse	Living?	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

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

Name of former spouse	Living?	Date of Death or Divorce
_____	YES/NO	_____
_____	YES/NO	_____
_____	YES/NO	_____

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 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.)

ACCOUNTS

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

Name of financial institution: \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)

**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):  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**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): \_\_\_\_\_

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

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

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

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

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

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

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

**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): \_\_\_\_\_

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

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: \_\_\_\_\_

**LIFE INSURANCE:**

Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

**ANNUITIES:**

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

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

Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against 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: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES:**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.