

## Estate Planning Interview

Date: \_\_\_\_\_, 20\_\_\_\_

Family Information			
1st Client Full Name:		Age:	Birthdate:
Marital Status:			Marriage Date:
2nd Client Full Name:		Age:	Birthdate:
Marital Status:			County of Residence:
Mailing Address:			
E-Mail Address:	1st Client:	2nd Client:	
1st Client Phone No:	Home:	Cell:	
2nd Client Phone No:	Home:	Cell:	

Children (born or adopted during your current marriage)		
	Name	Birthdate
1.		
2.		
3.		
4.		
5.		

Additional 1 <sup>st</sup> Client Information		
Any prior marriages terminated by death, divorce or annulment?    Yes    No If Yes, please provide the following information.		
<b>Name of Prior Spouse if any</b>	<b>Marriage Terminated By</b>	<b>Year marriage ended</b>
Do you have children born or adopted during a prior marriage or relationship?    Yes    No If Yes, please provide the following information for each child:		

Name	Birthdate	Name of Other Parent
1.		
2.		
3.		
4.		
5.		

### Additional 2<sup>nd</sup> Client Information

Any prior marriages terminated by death, divorce or annulment?      Yes      No  
 If Yes, please provide the following information.

Name of Prior Spouse	Marriage Terminated By	Year marriage ended

Do you have children born or adopted during a prior marriage or relationship?      Yes      No  
 If Yes, please provide the following information for each child:

Name	Birthdate	Name of Other Parent
1.		
2.		
3.		
4.		
5.		

### Financial Information

Is the total value of your estate, including life insurance and retirement accounts, greater than \$10,000,000?  
 Yes  No

Check if you have the following assets:  Bank accounts  Residence  Investment real estate  Stocks and/or bonds  Retirement accounts  Vehicles  Small Business ownership

### Additional Information

I, (My spouse) am (is) a health care professional or first responder living in Travis or a contiguous county. If so, provide the name of your employer in the box below.

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Please indicate all of these which apply to you or your spouse or life partner.

<input type="checkbox"/>	I (We) own real estate outside Texas	<input type="checkbox"/>	I (We) want to disinherit someone
<input type="checkbox"/>	I (We) need to provide for the care of a parent	<input type="checkbox"/>	I (We) anticipate a challenge to my (our) will
<input type="checkbox"/>	I (We) have a child with special needs	<input type="checkbox"/>	I (We) are retired or nearing retirement
<input type="checkbox"/>	I (We) anticipate moving out of Texas soon	<input type="checkbox"/>	I (My spouse) have/has a terminal or incapacitating illness

### **Explanation of Additional Information**

If you checked any boxes under Additional Information, please provide more detail below.

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