



Appt. Date: _____ Time: _____

Estate Planning Information

Thank you for contacting us about estate planning. This data sheet is helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Please complete it as thoroughly as possible, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Either email the completed form to us at admin@dossey.com, upload securely using the link in the email, or bring it with you to your estate planning appointment.

PERSONAL INFORMATION		
	Client 1	Client 2
Full Legal Name:		
Nickname or Preferred Name:		
Birth Date:		
Citizenship:		
	If non-US citizen, green card holder? Yes No	If non-US citizen, green card holder? Yes No
Occupation:		
Mobile Telephone:		
Email Address:		
Home Address (include County):		
Home Telephone/Fax:		

Date and Place of Marriage:		
Describe any real estate owned by either or both of you outside Texas:		
Is Special Needs Planning for a disabled beneficiary (include a remote contingent beneficiary) needed? If so, please provide name, relationship and more information on the beneficiary's disability and the name of the government benefits they are currently receiving or may receive in the future (e.g., SSI, SSDI, Medicaid, etc.).		
If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:	Client 1	Client 2
Location of Safe Deposit Box (or N/A):		
Financial Advisor Contact info (or N/A):		
Insurance Agent Contact Info (or N/A):		
Accountant Contact Info (or N/A):		
Premarital/Postmarital Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy	
Prior Existing Wills or Trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy	
CHILDREN		
Full Legal Name	Birth Date	Address (if child doesn't reside with you) & Phone Number

ASSETS

**If you know if the property is your separate property, your spouse's separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.*

Description	Current Fair Market Value	How is Title Held?*
Bank Accounts (<i>not IRAs and Retirement Plans</i>)		
Stocks, Bonds and Mutual Funds (<i>not IRAs and Retirement Plans</i>)		
Closely Held Businesses, Partnerships, Etc.		
Real Estate		
Automobiles, Boats, Etc.		

Other Property, including Digital Assets				
Total \$				
LIABILITIES				
Description	Amount			
Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans						
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit		
Total \$						
TRUSTS						
<p>Do you have any interest under a trust created by you <input type="checkbox"/> or any other person <input type="checkbox"/>? If yes, please provide a copy of each trust instrument.</p> <p>Do you have a power of appointment over any trust? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide a copy of the trust instrument.</p> <p>If yes, is it: <input type="checkbox"/> General? <input type="checkbox"/> Special/Limited?</p>						
GIFTS						
Have you filed a gift tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide a copy of each return filed.						
DISPOSITIVE PLAN: (Describe in general terms how you wish to leave you property at death)						
GOALS CHECKLIST						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Provide for my children <input type="checkbox"/> Name guardians for minor children <input type="checkbox"/> Minimize estate taxes <input type="checkbox"/> Minimize the probate process <input type="checkbox"/> Minimize family quarrels over the estate <input type="checkbox"/> Provide for children of previous marriage <input type="checkbox"/> Provide for charitable causes <input type="checkbox"/> Provide for grandchildren <input type="checkbox"/> Provide for someone with special needs </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Make gifts to people during my life <input type="checkbox"/> Disinherit someone <input type="checkbox"/> Plan for a possible disability <input type="checkbox"/> Get specific items to certain beneficiaries <input type="checkbox"/> Privacy / Protect my estate against publicity <input type="checkbox"/> Protect beneficiaries from spending too much <input type="checkbox"/> Protect beneficiaries from potential divorcing spouses <input type="checkbox"/> Protect beneficiaries from other potential creditors <input type="checkbox"/> Other _____ </td> </tr> </table>					<input type="checkbox"/> Provide for my children <input type="checkbox"/> Name guardians for minor children <input type="checkbox"/> Minimize estate taxes <input type="checkbox"/> Minimize the probate process <input type="checkbox"/> Minimize family quarrels over the estate <input type="checkbox"/> Provide for children of previous marriage <input type="checkbox"/> Provide for charitable causes <input type="checkbox"/> Provide for grandchildren <input type="checkbox"/> Provide for someone with special needs	<input type="checkbox"/> Make gifts to people during my life <input type="checkbox"/> Disinherit someone <input type="checkbox"/> Plan for a possible disability <input type="checkbox"/> Get specific items to certain beneficiaries <input type="checkbox"/> Privacy / Protect my estate against publicity <input type="checkbox"/> Protect beneficiaries from spending too much <input type="checkbox"/> Protect beneficiaries from potential divorcing spouses <input type="checkbox"/> Protect beneficiaries from other potential creditors <input type="checkbox"/> Other _____
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OTHER BENEFICIARIES (Information about persons other than your spouse and descendants who you wish to benefit.)			
Full Name	Age	Address	Relationship to You

FIDUCIARIES (List full legal name, address, telephone and relationship to you for each person)		
	Client 1	Client 2
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Trust Protector:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		

Durable Power of Attorney: (The durable power of attorney is the person who will handle your financial affairs if you become incapacitated.)		
	<i>Other spouse is typically first</i>	
First Alternate Durable Power of Attorney:		
Second Alternate Durable Power of Attorney:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
	<i>Other spouse is typically first</i>	
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		
Directive to Physicians (Allows you to instruct physicians to administer, withdraw or withhold life-sustaining treatment when it has been determined by your physician that you have an irreversible or terminal condition and you are not able to communicate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition of Body at Death:	<input type="checkbox"/> Cremated: "I wish to have my body cremated and my ashes disposed of..." _____ _____ <input type="checkbox"/> Buried: "I wish to have my body buried..." _____ _____ <input type="checkbox"/> Other: _____ _____	