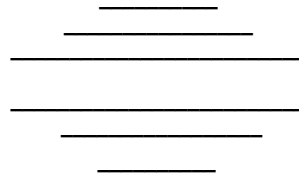


# JOHNSTON LEGAL GROUP PC



The following information will help us advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date \_\_\_\_\_

1. Full names of both spouses (as you will sign your wills)

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

2. Address

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

Has either of you ever lived in any state other than Texas?

Other States

Date you moved to Texas

Husband \_\_\_\_\_

Wife \_\_\_\_\_

3. Phone Numbers

a. Home \_\_\_\_\_

b. Cell \_\_\_\_\_

Social Security Numbers (optional)

a. His \_\_\_\_\_

b. Hers \_\_\_\_\_

email addresses: \_\_\_\_\_

4. Birthdates: His \_\_\_\_\_ Hers \_\_\_\_\_

Country of Citizenship: His \_\_\_\_\_ Hers \_\_\_\_\_

5. Occupation Work Phone Yearly Income

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Family-owned Business Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

EIN \_\_\_\_\_

6. Marital History

a. Are you currently married? Yes \_\_\_ No \_\_\_

Date & state of marriage: \_\_\_\_\_

b. Widowed?

• **Him**

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

Name of deceased spouse \_\_\_\_\_  
Date of death \_\_\_\_\_  
Residence at death \_\_\_\_\_  
Did spouse leave a will? Yes \_\_\_ No \_\_\_  
Was it probated? Yes \_\_\_ No \_\_\_  
(please include a copy of the will)

• **Her**

Yes \_\_\_ No \_\_\_  
Name of deceased spouse \_\_\_\_\_  
Date of death \_\_\_\_\_  
Residence at death \_\_\_\_\_  
Did spouse leave a will? Yes \_\_\_ No \_\_\_  
Was it probated? Yes \_\_\_ No \_\_\_  
(please include a copy of the will)

c. Divorced?

• **Him**

Yes \_\_\_ No \_\_\_  
Name of ex-spouse \_\_\_\_\_  
Date of divorce \_\_\_\_\_  
State of divorce \_\_\_\_\_  
Financial obligation \_\_\_\_\_  
(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

• **Her**

Yes \_\_\_ No \_\_\_  
Name of ex-spouse \_\_\_\_\_  
Date of divorce \_\_\_\_\_  
State of divorce \_\_\_\_\_  
Financial obligation \_\_\_\_\_  
(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

d. Are there any premarital or post-marital agreements in effect? Yes \_\_\_ No \_\_\_  
(please include a copy)

e. Are there any current child support obligations? Yes \_\_\_ No \_\_\_

7. Children & Grandchildren (please include any who are deceased)

a. Children of this marriage                      Birthdate                      State of Residence  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

b. His children of previous marriage              Birthdate                      State of Residence  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

c. Her children of previous marriage              Birthdate                      State of Residence  
1. \_\_\_\_\_  
2. \_\_\_\_\_

- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

d. Grandchildren      Birthdate      State of Residence      Parent's Name

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

e. Which descendants listed above are deceased? \_\_\_\_\_

8. Assets

a. Real Estate      State      Approx. Value      Mortgage Balance

Residence \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

b. Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Approx. Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. IRAs      Institution/Custodian      Balance      Primary Beneficiary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yearly Contribution (for defined contribution plans): \_\_\_\_\_

e. Life Insurance (list cash value and payoff value) \_\_\_\_\_

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_

f. Trust Interests (including powers of appointment) \_\_\_\_\_

\_\_\_\_\_

g. Other Major Assets (fine artwork, pending lawsuits, etc.) \_\_\_\_\_

\_\_\_\_\_

h. Anticipated Inheritance

Name of Person Who May Leave You Something \_\_\_\_\_

Relationship \_\_\_\_\_

Rough Estimate of Amount \_\_\_\_\_

i. Business Interests

Ownership Arrangement (partnership/S-corp.,etc.) \_\_\_\_\_

Approx. Value \_\_\_\_\_

Number of Employees \_\_\_\_\_

j. Automobiles & Vehicles (including boats & trailers)

Make & Year	Date Acquired	Owner on Title	Issuer State	Value	Loan
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

k. Digital Assets? \_\_\_\_\_

l. Loaned or Stored Assets? \_\_\_\_\_

m. Do you consider any of these assets to be separate property?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
--	-------------	--------

1. Consumer Debts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Business Debts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Guarantees \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds

11. Dispositive Plan

- a. Do you presently have a will? Yes \_\_\_ No \_\_\_  
(please include a copy, if readily available)
- b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. In general, to whom do you want your estate to be distributed?

1. Husband:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Wife:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?

\_\_\_\_\_

12. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs or family member or close personal friend who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You should also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

His

a. Executor

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hers

a. Executor

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

b. Guardian and Trustee for minor children

Primary  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

b. Guardian and Trustee for minor children

Primary  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way. Spouses often name each other as their primary agents.

His

Primary  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Hers

Primary  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

First Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Second Alternate  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

His

Primary

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Hers

Primary

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

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

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

c. Living Wills

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

- 1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- \_\_\_\_\_ Comfort treatment only.
- \_\_\_\_\_ All available life-sustaining treatments.
- \_\_\_\_\_ Undecided for now.

Her:

- \_\_\_\_\_ Comfort treatment only.
- \_\_\_\_\_ All available life-sustaining treatments.
- \_\_\_\_\_ Undecided for now.

- 2. An "irreversible condition" is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- \_\_\_\_\_ Comfort treatment only.
- \_\_\_\_\_ All available life-sustaining treatments.
- \_\_\_\_\_ Undecided for now.

Her:

- \_\_\_\_\_ Comfort treatment only.
- \_\_\_\_\_ All available life-sustaining treatments.
- \_\_\_\_\_ Undecided for now.

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid

a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

**His**  
Guardian for Financial Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hers**  
Guardian for Financial Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian for Health Care Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian for Health Care Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_

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