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Estate Planning Information

Thank you for contacting us about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, 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 mail the completed form to us at the above address or bring it with you to your estate planning appointment.

Personal Information		
	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Social Security Number:		
Occupation:		
Employer:		
Estimated Annual Income from Salary, Bonuses, Etc.:		
Estimated Annual Investment Income (Dividends, Interest, Etc.):		
Work Telephone:		
Work Fax:		
Cellphone:		
Email Address:		
Home Address (Include County):		
Home Telephone:		
Date and Place of Marriage:		
If you have lived outside Texas		

Personal Information		
during this marriage, please list the states and dates of residence:		
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:	You	Your Spouse
Describe any real estate owned by either or both of you outside Texas:		
Location of Safe Deposit Box (if any):		
Name and Telephone of Your Broker or Financial Planner (if any):		
Other Information:		
Children		
Full Name	Birth Date	Address (If Child Does Not Reside With You)

Assets		
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		
Total		

* If you know if the property is your separate property, your wife'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.

Liabilities	
Description	Amount
Mortgages	
Other Liabilities	
Total	

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				

Dispositive Plan:
(Describe in general terms how you wish to leave your property at death)

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 name, address, home telephone and relationship to you for each person)

	You	Your Spouse
<p>Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.) Relation to you: Address:</p>		
<p>First Alternate Executor: Relation to you: Address:</p>		
<p>Second Alternate Executor: Relation to you: Address:</p>		
<p>Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)</p>		
<p>First Alternate Trustee:</p>		
<p>Second Alternate Trustee:</p>		
<p>Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die)</p>		
<p>First Alternate Guardian:</p>		
<p>Second Alternate Guardian:</p>		

<p>Property Agent: (The property agent is the person who will handle your financial affairs if you become incapacitated.) Relation to you: Address:</p>		
<p>First Alternate Property Agent: Relation to you: Address:</p>		
<p>Second Alternate Property Agent: Relation to you: Address:</p>		
<p>Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.) Relation to you: Address:</p>		
<p>First Alternate Health Care Agent: Relation to you: Address:</p>		
<p>Second Alternate Health Care Agent: Relation to you: Address:</p>		
<p>HIPAA Agent:</p>		
<p>Second HIPAA Agent:</p>		
<p>Third HIPAA Agent:</p>		
<p>Guardian for Self Agent:</p>		
<p>First Alternate Guardian of Self Agent:</p>		
<p>Second Alternate Guardian of Self Agent:</p>		