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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	
<b>Full Name:</b>	
<b>Nickname or Preferred Name:</b>	
<b>Birth Date:</b>	
<b>Occupation:</b>	
<b>Estimated Annual Income from Salary, Bonuses, Etc.:</b>	
<b>Estimated Annual Investment Income (Dividends, Interest, Etc.):</b>	
<b>Work Telephone:</b>	
<b>Work Fax:</b>	
<b>Mobile/Pager:</b>	
<b>Email Address:</b>	
<b>Home Address (Include County):</b>	
<b>Home Telephone:</b>	

Personal Information		
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<b>Home Fax:</b>		
<b>Describe any real estate owned by you outside Texas:</b>		
<b>Location of Safe Deposit Box (if any):</b>		
<b>Name and Telephone of Your Insurance Agent (if any):</b>		
<b>Name and Telephone of Your Accountant (if any):</b>		
<b>Name and Telephone of Your Broker or Financial Planner (if any):</b>		
<b>Other Information:</b>		

Children		
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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		

\* State the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

<b>Liabilities</b>	
<b>Description</b>	<b>Amount</b>
Mortgages	
Other Liabilities	
Total	

<b>Life Insurance and Annuities</b>				
<b>Company</b>	<b>Insured</b>	<b>Beneficiary(s)</b>	<b>Face Amount</b>	<b>Cash Value</b>
Total				

<b>IRAs, 401(k)s, and Other Retirement Plans</b>				
<b>Company/Custodian</b>	<b>Participant</b>	<b>Type of Plan</b>	<b>Vested Amount</b>	<b>Death Benefit</b>
Total				

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

**Other Beneficiaries**  
**(Information about persons 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)**

	<b>You</b>	
<b>Executor:</b> (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
<b>First Alternate Executor:</b>		
<b>Second Alternate Executor:</b>		
<b>Trustee:</b> (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
<b>First Alternate Trustee:</b>		
<b>Second Alternate Trustee:</b>		
<b>Guardian of Minor Children:</b> (The guardian is the person who will take physical care of minor children should both parents die.)		
<b>First Alternate Guardian:</b>		
<b>Second Alternate Guardian:</b>		
<b>Property Agent:</b> (The property agent is the person who will handle your financial affairs if you become incapacitated.)		
<b>First Alternate Property Agent:</b>		
<b>Second Alternate Property Agent:</b>		
<b>Health Care Agent:</b> (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
<b>First Alternate Health Care Agent:</b>		
<b>Second Alternate Health Care Agent:</b>		