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## Estate Planning Information

This questionnaire 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. You can mail, email or fax the completed form to me with the contact information above or bring the completed form with you to your estate planning appointment.

Personal Information		
	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Occupation:		
Estimated Annual Income from Salary, Bonuses, Etc.:		
Estimated Annual Investment Income (Dividends, Interest, Etc.):		
Work Telephone:		
Work Fax:		
Cell:		
Email Address:		
Home Address: County:		
Home Telephone:		
Home Fax:		
Date and Place of Marriage:		

	You	Your Spouse	
<b>If either of you were previously married, list the dates of prior marriage, name or prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:</b>			
<b>Describe any real estate owned by either or both of you outside Texas:</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			
Full Name	Birthdate	Address <i>(if child does not reside with you)</i>	Phone Numbers
	__/__/____	_____	Home #: ( ) _____ Cell #: ( ) _____
	__/__/____	_____	Home #: ( ) _____ Cell #: ( ) _____
	__/__/____	_____	Home #: ( ) _____ Cell #: ( ) _____
	__/__/____	_____	Home #: ( ) _____ Cell #: ( ) _____
	__/__/____	_____	Home #: ( ) _____ Cell #: ( ) _____

<b>Assets</b>		
<b>Description</b>	<b>Current Fair Market Value</b>	<b>How Is Title Held?*</b>
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.

<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)**

Age	Address	Relationship to You

## Fiduciaries

*(List name, address, home telephone and relationship to you for each person.)*

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

	Relationship to you:	Relationship to you:
<b>Second Alternate Guardian:</b>	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>Property Agent:</b> (The property agent is the person who will handle your financial affairs if you become incapacitated.)	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>First Alternate Property Agent:</b>	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>Second Alternate Property Agent:</b>	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>Health Care Agent:</b> (The health care agent is the person who will make medical decisions for you if you become incapacitated.)	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>First Alternate Health Care Agent:</b>	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:
<b>Second Alternate Health Care Agent:</b>	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you:	Name: _____ Address: _____ _____ Home #: (     ) _____ Cell #: (     ) _____ Relationship to you: