

IMPORTANT INSTRUCTIONS PLEASE READ

**THIS FORM IS A FILLABLE PDF FILE THAT ALLOWS YOU TO
TYPE RESPONSES & ANSWERS DIRECTLY INTO THE FORM.**

PLEASE FOLLOW THESE STEPS:

- (1) DOWNLOAD AND SAVE THE FORM TO YOUR COMPUTER.**
- (2) CLOSE THE VERSION DISPLAYED IN THE WEB BROWER.**
- (3) OPEN THE FILE THAT YOU SAVED TO YOUR COMPUTER.**
- (4) COMPLETE THE FORM AND RE-SAVE THE FILE.**
- (5) UPLOAD THE COMPLETED FORM INTO MYCASE.**

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ESTATE PLANNING INFORMATION—MARRIED COUPLE

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[STRICTLY CONFIDENTIAL]

Husband's Legal Name: _____

Other Names used by Husband: _____

Address: _____

E-Mail: _____ Telephone: _____

Date of Birth: _____ Social Security No.: _____

Business/Employment: _____

US citizen? Yes No. If no, what nationality: _____

Wife's Legal Name: _____

Other Names used by Wife: _____

Date of Birth: _____ Social Security No.: _____

Business/Employment: _____

US citizen? Yes No. If no, what nationality: _____

Prior Marriages?

Husband: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

Wife: Yes No. If yes, name of prior spouse: _____

How Terminated? Death Divorce Date: _____

CHILDREN OF THIS MARRIAGE: None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: _____ Range of Ages: _____

ESTATE PLANNING INFORMATION—MARRIED COUPLE

CHILDREN FROM <u>PRIOR</u> MARRIAGE:	WIFE	HUSBAND	AGE
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage? No Yes

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills (Last Will and Testament)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have “Living Wills” (Directive to Physicians)? | <input type="checkbox"/> | <input type="checkbox"/> |

ESTATE PLANNING INFORMATION—MARRIED COUPLE

YES

NO

- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

- The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death:

- The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable):

- The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf:

- In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

- State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

BURIAL WISHES

HUSBAND: At my death, I wish to be: buried cremated

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

WIFE: At my death, I wish to be: buried cremated

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

This page is OPTIONAL if the total estate assets are less than the current Federal Estate Tax Exemption amount.

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
 TOTAL:	\$ _____	\$ _____	\$ _____

* Use your best guess (the amount can be a “ballpark” estimate).

† Do NOT list benefits that terminate at death (pension, social security, etc.).

The value of Life Insurance policies will be listed separately on the next page.

LIFE INSURANCE

This page is OPTIONAL if the total estate assets are less than the current Federal Estate Tax Exemption amount.

[Do NOT include accidental death policies]

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

R. DEAN DAVENPORT

ATTORNEY AT LAW

**ESTATE PLANNING JOINT REPRESENTATION
NOTICE AND ACKNOWLEDGMENT**

The legal professional has become appropriately concerned about joint representation of married clients. A married couple may have different concerns about estate planning objectives as well as different community or separate property interests. As the attorney for both of you, I will attempt to explain the consequence of certain estate planning decisions and to balance all factors. However, as the estate planning process could favor one of you to the detriment of the other, I cannot, therefore, be an advocate for either of you against the other.

In assisting you in your estate plan, I must necessarily obtain confidential information from each of you. However, if I represent both of you, I cannot keep that information confidential from either of you.

I also may make recommendations that affect your community and separate property interests after your deaths. A conflict may exist in the determination of what is community property and what is separate property. That determination may be more beneficial for one of you than the other. If you partition community property or give property to your spouse as part of your estate plan, the possibility of a divorce also must be recognized. Consequently, our present estate planning recommendations could affect the income, property, and support provisions in any such divorce or after the death of one or both of you. You are each, of course, welcome to have your own counsel for any part or all of the matters to be discussed.

If you wish for my office to proceed with estate planning assistance for both of you, please read the following paragraph and then acknowledge receipt of this notice by signing below.

We both have read the above and we understand that conflicts of interest exist between us, as a married couple, in the estate matters in which R. Dean Davenport, the attorney, is consulting us. We also understand that if either one of us wishes to have separate legal counsel or desires that the attorney not be involved in some aspect of the estate planning on behalf of either one of us, we shall notify the attorney in writing. We consent to have the attorney represent both of us in our estate planning matters until either one of us otherwise notifies the attorney in writing. We understand that, since the attorney represents both of us, all confidential communications with the attorney must remain open to both of us, and the attorney cannot keep any information confidential from either of us.

Client Signature: _____ Date: _____

Printed Name:

Client Signature: _____ Date: _____

Printed Name: