

ESTATE PLANNING INFORMATION—MARRIED COUPLE

R. DEAN DAVENPORT
ATTORNEY AT LAW
www.estatelawtexas.com

[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: _____

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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:

ESTATE PLANNING INFORMATION—MARRIED COUPLE

ESTIMATED* VALUE OF ESTATE

<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.

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LIFE INSURANCE

[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 clients. A husband and wife may have different interests in estate planning that concern their community and separate property interests. If I am to act as the attorney for both of you, I will try to explain the consequences of the decisions you make and balance all factors. I cannot, therefore, be an advocate for either of you against the other. This process could favor one of you to the detriment of 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 may also 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 must also be recognized. Consequently, our present 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:

I have read the above and I understand that conflicts of interest exist between my spouse and me in the estate planning matters in which R. Dean Davenport (the attorney) is consulting us. If I wish to have separate counsel or desire that the attorney not be involved in any aspect of the estate planning on my behalf, I shall notify the attorney in writing. I consent to have the attorney represent both of us in our estate planning matters until I otherwise notify the attorney in writing. I understand that, since the attorney represents both of us, no confidential communication is possible among me, my spouse, and the attorney.

Client Signature: _____ Date: _____

Printed Name:

Client Signature: _____ Date: _____

Printed Name:

R. DEAN DAVENPORT
A T T O R N E Y A T L A W

CLIENT PRIVACY POLICY

Protecting the privacy of the information provided by our clients and maintaining the confidentiality of this information is of the utmost importance to us. The privacy policy below applies to the Social Security data that we collect from you and constitutes our notice to you about why we collect certain personal information, how we use it and with whom we share it, and how we protect this information.

How and why we collect your personal information:

- We may ask that you provide us with your Social Security number at the time we initially undertake your legal representation.
- We may need your Social Security number to obtain legal records (including medical records and wage information). We do not use this information for any other internal or secondary purpose.
- When you provide us with this personal information, we treat it very carefully.
- We collect personal information about you (e.g., name, email address, Social Security number and/or other unique identifiers) only if you specifically and knowingly give it to us.

How this personal information is protected:

- We will take reasonable precautions to maintain the security, confidentiality and integrity of the information we collect.
- Information in your file is confidential and is only accessible to members of our staff.

How and when we use your personal information:

- We do not sell the information we collect.
- The personal information you provide to us will be used only in connection with the legal issues for which you have retained us to represent you, or for the other purposes described in this privacy policy, and/or at the time the information is collected.

How and with whom we share your personal information:

- We may disclose your Social Security number to health care providers, employers, and the Internal Revenue Service in order to obtain evidence or information relevant to your representation.
- We may also disclose your Social Security number to an adverse party if requested to do so in the course of the discovery process and only where such information is relevant to our representation of your best interests.

How we dispose of this information:

- At the conclusion of your case, your file and personal information will be stored in a secured area for a period of at least five (5) years. After a period of five years has passed, if it is appropriate, we will destroy your file, including information about your Social Security number.

I hereby acknowledge that I have read and received a copy of the Client Privacy Policy.

CLIENT NAME (Please Print)

DATE

CLIENT SIGNATURE

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ESTATE PLANNING DOCUMENTS

Last Will and Testament

The Last Will and Testament directs how your estate will be distributed at your death. Generally, a Will only pertains to the distribution of assets titled in your name at your death; any assets held in joint tenancy will pass to the surviving joint tenant, any assets held in a POA (“payable-on-death”) account will be distributed to the named party on the account. Other assets payable by agreement (such as, life insurance, IRA’s, employee benefits, etc.) will be paid directly to the named beneficiary.

Revocable/Irrevocable Trusts

A complete list of Trust options is available in our Fee Schedule, which can be requested on the website or by phone. If you have any questions about various Trust options, please contact us.

Financial Power of Attorney for Management of Property and Personal Affairs

The Financial Power of Attorney is primarily intended to give your named Agent the power to deal with any non-trust assets in the event of your incapacity. This document can give your agent broad powers to dispose of, sell, convey and encumber your real and personal property.

Declaration of Guardianship

The Declaration of Guardianship document is important if there are children under the age of eighteen, and one parent dies, and the sole remaining parent becomes incapacitated. There also may be a Declaration of Guardianship included in the Will; however, as a Will is only effective upon death, the “stand alone” Declaration of Guardianship document is useful in the event of incapacity prior to death.

Medical Power of Attorney and Directive to Physician (“Living Will”)

The Medical Power of Attorney gives your named Agent the power to make medical decisions and to sign consents and/or releases with hospitals and/or doctors. These documents conform to the federal Health Insurance Portability and Accountability Act (known as “HIPAA” Laws) with regard to the release of information. The Directive to Physician is your “living will” for end-of-life decisions.

HIPAA Authorization and Waivers

The HIPAA Authorization and Waiver is a “stand-alone” document to authorize your health care providers to release information concerning your otherwise confidential medical information to each other, and to the individuals you have designated to act on your behalf in the event of disability and to any other individuals who you might also want to have such access.

Disposition of Remains

The Disposition of Remains document gives you the opportunity to specify how you wish your remains to be dealt with (i.e., cremation or burial); to provide information of any prior arrangements; and to designate the persons to carry-out your wishes.

The Summit

2150 S. Central Expressway Suite 200 • McKinney, Texas 75070
P.O. Box 6215 • McKinney, Texas 75071
Phone: 469-352-1876 • Fax: 469-342-8058