

# **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—INDIVIDUAL

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**[STRICTLY CONFIDENTIAL]**

Legal Name: \_\_\_\_\_

Other Names used: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Business/Employer: \_\_\_\_\_

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

Your Marital Status:  Never married  Divorced  Widowed  Married

If married, name of Spouse: \_\_\_\_\_

**CHILDREN:**  None **AGE or DOB**

_____	_____
_____	_____
_____	_____
_____	_____

• Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

	<b><u>YES</u></b>	<b><u>NO</u></b>
• Any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name: \_\_\_\_\_

If yes, survived by issue?

If yes, name(s): \_\_\_\_\_

• Any adopted children?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, name: \_\_\_\_\_

**ESTATE PLANNING INFORMATION—INDIVIDUAL**

- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| • 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"/> |
| • If a named beneficiary dies before you, do you want the assets to go to that beneficiary's issue?            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect to inherit substantial assets (\$100,000 +)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Will?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Trust (either revocable or irrevocable)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Financial Power of Attorney?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Medical Power of Attorney?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently hold any assets in Joint Tenancy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have "Living Wills" (Directive to Physicians)?  | <input type="checkbox"/> | <input type="checkbox"/> |

**ESTATE PLANNING INFORMATION—INDIVIDUAL**

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

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

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

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- In general, state how you want your estate distributed among your beneficiaries?

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

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## BURIAL WISHES

At my death, I wish to be:       buried       cremated

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

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

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I have already made arrangements at:

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## 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>ESTIMATED VALUE</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)	\$ _____
<b>TOTAL:</b>	\$ _____

\* 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.

**ESTATE PLANNING INFORMATION—INDIVIDUAL**

**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]

- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death

<u>COMPANY</u>	<u>CASH VALUE</u>	<u>FACE VALUE</u>	<u>BENEFICIARY</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

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

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**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.**

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**CLIENT NAME (Please Print)**

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**DATE**

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**CLIENT SIGNATURE**