

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: _____

	<u>YES</u>	<u>NO</u>
• 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: _____

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- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • 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"/> |

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- The name of the person(s) 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 applicable):

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

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

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

BURIAL WISHES

At my death, I wish to be: buried cremated

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

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

I have already made arrangements at:

ESTIMATED* VALUE OF ESTATE

<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)	\$ _____
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]

- "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>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

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

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