

**Ross A. Skolnick, P.C.**  
**A TEXAS PROFESSIONAL CORPORATION**  
**ATTORNEY AT LAW**  
1504 Colony Circle  
Longview Texas 75604  
Voice: 903-759-9445 Fax: 903-247-2015  
**ESTATE PLANNING FACT SHEET**

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

I.

**PERSONAL AND FAMILY INFORMATION**

(Give full names, no initials)

**HUSBAND'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

PRIMARY OCCUPATION: \_\_\_\_\_

ADDRESS (include county): \_\_\_\_\_  
(Street Address) (City) (County) (State) (Zip Code)

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Fax No.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO. COUNTRY \_\_\_\_\_

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**WIFE'S NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

PRIMARY OCCUPATION: \_\_\_\_\_

ADDRESS (include county): \_\_\_\_\_  
(Street Address) (City) (County) (State) (Zip Code)

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Fax No.: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO. COUNTRY \_\_\_\_\_

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MARRIAGE DATE: \_\_\_\_\_ PLACE \_\_\_\_\_

**CHILDREN** (full names only)  
(Indicate if adopted or deceased)

(If any child listed is not a child of your present marriage, please place an asterisk (\*) beside that child's name.)  
(Please provide full legal name for each child.)

**1ST CHILD**

**2ND CHILD**

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE \_\_\_\_\_

\_\_\_\_\_

SPOUSE \_\_\_\_\_

\_\_\_\_\_

CHILDREN \_\_\_\_\_

\_\_\_\_\_

NAME &  
BIRTH DATES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3RD CHILD**

**4TH CHILD**

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE \_\_\_\_\_

\_\_\_\_\_

SPOUSE \_\_\_\_\_

\_\_\_\_\_

CHILDREN \_\_\_\_\_

\_\_\_\_\_

NAME &  
BIRTH DATES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER DEPENDENTS

1ST

2ND

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

3RD

4TH

NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_

II.

**PROFESSIONAL ADVISORS**

	<u>ACCOUNTANT</u>	<u>INSURANCE AGENT</u>
NAME	_____	_____
FIRM	_____	_____
ADDRESS	_____	_____
PHONE ( )	_____	_____
FAX NO. ( )	_____	_____
EMAIL ADDRESS:	_____	_____

	<u>STOCK BROKER</u>	<u>REGULAR PHYSICIAN</u>
NAME	_____	_____
FIRM	_____	_____
ADDRESS	_____	_____
PHONE ( )	_____	_____
FAX NO. ( )	_____	_____
EMAIL ADDRESS:	_____	_____

	<u>FINANCIAL PLANNER</u>	<u>BANK OFFICER</u>
NAME	_____	_____
FIRM	_____	_____
ADDRESS	_____	_____
PHONE ( )	_____	_____
FAX NO. ( )	_____	_____
EMAIL ADDRESS:	_____	_____

III.

**NOMINATION**

**A. EXECUTOR(S):**

**HUSBAND'S WILL**

**WIFE'S WILL**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**B. TRUSTEE(S) (if different from Executor)**

**FOR HUSBAND**

**FOR WIFE**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (    ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HUSBAND'S WILL**

**WIFE'S WILL**

NAME _____	_____
ADDRESS _____	_____
PHONE ( ) _____	_____
RELATIONSHIP _____	_____

C. **GUARDIAN(S) OF MINOR CHILDREN**

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

D. **STATUTORY DURABLE POWER OF ATTORNEY** (Person to make financial decisions on your behalf when you are unable to do so)

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR HUSBAND

FOR WIFE

NAME _____	_____
ADDRESS _____	_____
PHONE ( ) _____	_____
RELATIONSHIP _____	_____

**In the event of your later incapacity, if a court somehow determine that you needed a guardian of your person and estate, would you want the persons named as your attorney-in-fact and successor under your Statutory Durable Power of Attorney to serve as such guardian? YES \_\_\_\_ NO \_\_\_\_**

**E. MEDICAL POWER OF ATTORNEY (Person to make health care decisions on your behalf when you are unable to do so)**

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 \_\_\_\_\_

F. **LIVING WILL** (Person authorized to remove life support if you are determined to have a terminal or irreversible condition)

FOR HUSBAND

FOR WIFE

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE IN A TERMINAL OR IRREVERSIBLE CONDITION, AND ARE EXPECTED TO DIE WITHIN SIX MONTHS, WOULD YOU WANT TO BE KEPT ALIVE SOLELY BY INTRAVENOUS FEEDING OR FLUIDS?**

HUSBAND: YES \_\_\_\_\_ NO \_\_\_\_\_

WIFE: YES \_\_\_\_\_ NO \_\_\_\_\_

IV.



**YOUR PROPERTY**

1. **YOUR HOUSE:**

Address (including county): \_\_\_\_\_

Do you own your home? \_\_\_\_\_

2. **OTHER LAND YOU OWN OR ARE BUYING – list location (including county):**

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

3. **DO YOU OWN ANY OIL AND GAS PROPERTIES, LIKE ROYALTIES?** \_\_\_\_\_

If so please list and furnish your division orders or operating agreements:

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

4. **LIST ALL VEHICLES YOU OWN (INCLUSIVE OF AUTOMOBILES, MOBILE HOMES, TRAILERS, AND RECREATIONAL VEHICLES):**

(i) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

(ii) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

(iii) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

(iv) Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

5. **LIST ALL OF YOUR FINANCIAL ACCOUNTS (CHECKING AND SAVING):**

a) Bank Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

b) Bank Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

c) Bank Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Bring copies of recent statements for each Account above

6. **DO YOU HAVE ANY KIND OF RETIREMENT ACCOUNTS?** \_\_\_\_\_

If so, please list:

a) Type of account: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

b) Type of account: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Bring copies of recent statements for each Account above

7. **DO YOU HAVE ANY CERTIFICATES OF DEPOSIT?** \_\_\_\_\_

If so, please list:

a) Name of financial institution:

C.D. in the name of:

b) Name of financial institution:

C.D. in the name of:

8. **DO YOU HAVE ANY OTHER ACCOUNTS SUCH AS BROKERAGE ACCOUNTS?** \_\_\_\_\_

If so, please list:

a) Name of brokerage firm or mutual fund: \_\_\_\_\_

Name account held in: \_\_\_\_\_

b) Name of brokerage firm or mutual fund: \_\_\_\_\_

Name account held in: \_\_\_\_\_

Bring copies of recent statements for each Account

9. **DO YOU HAVE ANY PUBLICLY TRADES STOCKS, BONDS AND OTHER SECURITIES?** (Include securities not in a brokerage account, mutual fund, or retirement fund.)

If so, please list:

a) Name of issuer: \_\_\_\_\_

Registered owner: \_\_\_\_\_

b) Name of issuer: \_\_\_\_\_

Registered owner: \_\_\_\_\_

10. **DO YOU HAVE ANY LIFE INSURANCE?**

If so, please list:

- a) Name of insurance company: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (team/whole/universal): \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_
- b) Name of insurance company: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (team/whole/universal): \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_
- c) Name of insurance company: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance (team/whole/universal): \_\_\_\_\_  
Designated beneficiary(s): \_\_\_\_\_

Bring copies of all life insurance policies

11. **WHAT IS THE VALUE OF YOUR HOUSEHOLD FURNITURE, FURNISHINGS, AND FIXTURES?** (Include electronics, computers, antiques, artwork, collections, sporting goods, firearms and jewelry):

\_\_\_\_\_  
\_\_\_\_\_

12. **DO YOU HAVE ANY CLOSELY HELD BUSINESS INTERESTS?** (Include sole proprietorships, professional practices, corporations, partnerships, limited liabilities companies and partnerships, joint ventures, and other nonpublicly traded business entities.)

If so, please list:

- a) Name of business: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_ # of shares owned: \_\_\_\_\_

V.



## **JOINT PRESENTATION CONFIRMATION**

It is commonplace for spouses to engage the same firm for estate planning. However, when a law firm represents both spouses with regard to common or related matters, certain conflicts of interest can arise within the ethical of the legal profession.

This is to confirm that our firm is to represent you jointly as husband and wife. As such:

- We will not maintain confidentiality between the two of you; the information we receive from either of you or from third parties will be shared with both of you.
  
- Each of you waive any objection to our representation of the other regarding potential conflicts of interest between you (such as involving spousal rights of election, property ownership and transfer matters, and trust as well as other asset arrangement matters).

Joint representation is appropriate in our experience. However, strict ethical requirements dictate that we thoroughly disclose the ethical ramifications.

Please sign below to indicate your acknowledge of these terms.

Dated: \_\_\_\_\_ , 20\_\_\_\_ .

\_\_\_\_\_  
HUSBAND

\_\_\_\_\_  
WIFE