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Estate Planning Information

Thank you for contacting me about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Either mail the completed form to me at the above address or bring it with you to your estate planning appointment.

Personal Information

You

Your Spouse

Full Name:

Nickname or Preferred Name:

Birth Date:

Social Security Number:

Occupation:

Estimated Annual Income from
Salary, Bonuses, Etc.:

Estimated Annual Investment
Income (Dividends, Interest, Etc.):

Work Telephone:

Work Fax:

Mobile/Pager:

Email Address:
Home Address (Include County):

Home Telephone:

Cellular:

Personal Information

You

Your Spouse

Date and Place of Marriage:

If you have lived outside Texas during this marriage, please list the states and dates of residence:

If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:

Describe any real estate owned by either or both of you outside Texas:

Location of Safe Deposit Box (if any):

Name and Telephone of Your Insurance Agent (if any):

Name and Telephone of Your Accountant (if any):

Name and Telephone of Your Broker or Financial Planner (if any):

Other Information:

Children

Full Names:

Birth Date:

Address (If Child(ren) Does Not Reside
With You):

Personal Information -Assets

Description:

Current Fair Market Value:

How Is Title Held?

Bank Accounts (*not IRAs and Retirement Plans*):

Stocks, Bonds and Mutual Funds (*not IRAs and
Retirement Plans*):

Closely Held Businesses, Partnerships, Etc.:

Real Estate:

Automobiles, Boats, Etc.:

Other Property

Total

* If you know if the property is your separate property, your spouse's separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

Liabilities

Description:

Amount:

Mortgages:

Other Liabilities:

Total

Life Insurance and Annuities

Company:

Insured:

Beneficiary(s):

Face Amount:

Cash Value

Total

IRAs, 401(k)s, and Other Retirement Plans

Company/Custodian:

Participant:

Type of Plan:

Vested Amount:

Death Benefit:

Total

Dispositive Plan (Describe in general terms how you wish to leave your property at death):

Other Beneficiaries (Information about persons other than your spouse and descendants who you wish to benefit.):

Full Name

Age

Address

Relationship to You

Fiduciaries

List name, address, home telephone and relationship to you for each person)

You

Your Spouse

Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)

First Alternate Executor:

Second Alternate Executor:

Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)

First Alternate Trustee:

Second Alternate Trustee:

Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)

First Alternate Guardian:

Second Alternate Guardian:

Property Agent: (The property agent is
The person who will handle your financial
affairs if you become incapacitated.)

First Alternate Property Agent:

Second Alternate Property Agent:

Health Care Agent: (The health care agent is
the person who will make medical decisions for
you if you become incapacitated.)

First Alternate Health Care Agent:

Second Alternate Health Care Agent: