HAIMAN HOGUE
Attorneys & Counselors at Law
Faithfully Serving God & Our Clients
2595 Dallas Parkway, Suite 100
Frisco, Texas 75034
Phone 469-893-5337 * Fax 214-975-2540
www.haimanhogue.com * info@haimanhogue.com

Client Information Worksheet
Estate, Probate, and Trust Administration

Decedent Name:____

Date of Death: ____

Table of Contents

Client Information Worksheet

Note: If there is not enough room on a page, please copy that page.

Section 1.01 Client Information

Are you? **___ Executor/Administrator ___Trustee ___Contestant ___Trust Modification ___ Guardian for Adult ___ Guardian for Minor**

Name: ____

SSN: ________________________________DL:___________________________________

Street Address: ____

City/State ZIP: ____

Phone #s: ____

Emails: ____

Relationship to Decedent/Ward/Beneficiary: ____________________________

1st Alternate Personal Representative: ______________________________

Phone/Emails: ____

2nd Alternate Personal Representative: ______________________________

Phone/Emails: ____

3rd Alternate Personal Representative: ______________________________

Phone/Emails: ____

Guardian of Minor Children (if same as above, please note that):

Name: ____

Street Address: ____

City/State ZIP: ____

Phone #s: ____

Emails: ____

1st Alternate Guardian: ____

Phone/Emails: ____

2nd Alternate Guardian: ____

Phone/Emails: ____

3rd Alternate Guardian: ____

Phone/Emails: ____

Is there anything unusual you think we need to know? _____________________

____

____

____

Section 1.02 Decedent's Personal Data

Decedent: ____
Alias Names (if any): ____
Street Address: ____
City/State ZIP: ____
Date of Birth: ____
Place of Birth: ____
Date of Death: ____
Place of Death: ____
Social Security Number: ____________________DL:____________________
Was Decedent a U.S. citizen? Yes: ________ No: ________
If naturalized U.S. citizen, Date and Place of Naturalization: ____________________

Spouse/Domestic Partner: ____
Alias Names (if any): ____
Street Address: ____
City/State ZIP: ____
Date of Birth: ____
Place of Birth: ____
Date of Death (if applicable): ____
Place of Death (if applicable): ____
Date and place of marriage/domestic partnership: ______________________________
Status of Spouse: ________ Living ________ Deceased ________ Under Conservatorship
Is/Was Spouse/Domestic Partner a U.S. citizen? Yes: ________ No: ________
If naturalized U.S. citizen, Date and Place of Naturalization: ____________________

Location of Will, if any: ____
Date of Will: ____
Location of Codicils, if any: ____
Date of Codicils: ____

Location of Trusts, if any: ____
Date of Trusts: ____
Location of Amendments, if any: ____
Date of Amendments: ____

***** For Atty to fill out if no Will:** Disinterested Witnesses:____________________
#1 Name: ____________________#2 Name:____________________
Address: ____________________Address:____________________
Email: ____________________Email:____________________
Phone: ____________________Phone:____________________

Section 1.03

Section 1.04 Decedent's Family Information

The more complete the family tree is the better to avoid surprises.

a. Information about Decedent's Children:

Child's Name	Living	Age	Birthdate	Married	Names of Children
______________________	Yes/No	___	_________	Yes/No	___________________
______________________	Yes/No	___	_________	Yes/No	___________________
______________________	Yes/No	___	_________	Yes/No	___________________
______________________	Yes/No	___	_________	Yes/No	___________________
______________________	Yes/No	___	_________	Yes/No	___________________
______________________	Yes/No	___	_________	Yes/No	___________________

For each child, state the name of the child's other parent (if not decedent's surviving spouse/partner).

____

____

____

____

____

____

b. Decedent's Other Dependents, if any

Name	Age	Address
______________________	______	____
______________________	______	____
______________________	______	____

On a separate sheet, provide the following information about Decedent's grandchildren: names, parents' names, ages, whether living/deceased, if adopted, and addresses.

Please provide the following information regarding decedent's former marriages, if any:

Name of former spouse	Living	Death or Divorce/Date
_________________________	Yes/No	_____________________________________
_________________________	Yes/No	_____________________________________

Yes/No

c. If Decedent Left No Will, Trust, Surviving Child, or Surviving Spouse

Father – Is he still alive?

Mother – Is she still alive?

Names of his children – Are they still alive?

Names of her children – Are they still alive?

Paternal Grandfather -- Is he still alive?

Maternal Grandfather – Is he still alive?

Names of his children – Are they still alive?

Names of his children – Are they still alive?

Paternal Grandmother – Still alive?

Maternal Grandmother – Still alive?

Names of her children – Are they still alive?

Names of her children – Are they still alive?

For each person named, we need to know if they are alive, whether they had children, and if any of the children have had children, their names, and whether they are still alive.

Section 1.05 Important Family Questions

Are there any minor children with learning disabilities?	___ Yes ___ No
Do any beneficiaries receive governmental support or benefit?	___ Yes ___ No
Are there any adopted children?	___ Yes ___ No
Does anyone have special education, medical, or physical needs?	___ Yes ___ No
Is anyone institutionalized?	___ Yes ___ No
Is anyone receiving Social Security, Disability, or other governmental benefits	___ Yes ___ No
Do you provide primary, or other major financial support, to adult children?	___ Yes ___ No
Have either you or your spouse been divorced?	___ Yes ___ No

In what state have you lived with your current spouse? During what periods of time did you reside there?

<u>If you answer yes to the following, please provide a copy of the documents in question.</u>

Are you making payments pursuant to a divorce or property settlement?	___ Yes ___ No
Have you or your spouse ever filed a federal or state gift tax return?	___ Yes ___ No
Have you or your spouse ever filed a federal or state estate tax return?	___ Yes ___ No
Have you or your spouse completed previous will, trust, or estate planning?	___ Yes ___ No

Section 1.06 Asset Information

Describe decedent's assets. Indicate whether you think the asset is community property (CP), decedent's separate property (DSP), or the survivor's separate property (SSP). State the name(s) that appear on the title, if known, and state whether the property is held with right of survivorship, if known.

a. Real Estate

Include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner, or have an interest in any manner, including property purchased in recreational developments and time-shares. *Copy this page if necessary.*

Street address:____
State/County of location:____
Legal description (if necessary, attach a copy to this worksheet):
____
____
Current fair market value (as of date of death): $_______________________
Name of mortgage company and account number, if any:___________________
____
Current balance of mortgage (as of date of death): $______________________
Other liens against property:_____________________________________
Current net equity in property: $__________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Copy this page if necessary.

Street address:____
State/County of location:____
Current fair market value (as of date of death): $_______________________________________
Name of mortgage company and account number, if any:_________________________________
Current balance of mortgage (as of date of death): $____________________________________
Other liens against property:____
Current net equity in property: $_______________________   ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address:____
State/County of location:____
Current fair market value (as of date of death): $_______________________________________
Name of mortgage company and account number, if any:_________________________________
Current balance of mortgage (as of date of death): $____________________________________
Other liens against property:____
Current net equity in property: $_______________________   ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address:____
State/County of location:____
Current fair market value (as of date of death): $_______________________________________
Name of mortgage company and account number, if any:_________________________________
Current balance of mortgage (as of date of death): $____________________________________
Other liens against property:____
Current net equity in property: $_______________________   ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address:____
State/County of location:____
Current fair market value (as of date of death): $_______________________________________
Name of mortgage company and account number, if any:_________________________________
Current balance of mortgage (as of date of death): $____________________________________
Other liens against property:____
Current net equity in property: $_______________________   ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Street address:____
State/County of location:____
Current fair market value (as of date of death): $_______________________________________
Name of mortgage company and account number, if any:_________________________________
Current balance of mortgage (as of date of death): $____________________________________
Other liens against property:____
Current net equity in property: $_______________________   ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Mineral Interests

Include any property in which the parties own any mineral interest separate from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells. *Copy this page if necessary.*

Name of mineral interest/lease/well:____
Type of interest:____
State/County of location:____
Name of producer/operator:____
Current value (as of date of death):$____________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well:____
Type of interest:_________________________ Percent of interest: ______________________
State/County of location:____
Name of producer/operator:____
Current value (as of date of death): $____________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well:____
Type of interest:_________________________ Percent of interest: ______________________
State/County of location:____
Name of producer/operator:____
Current value (as of date of death): $____________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well:____
Type of interest:_________________________ Percent of interest: ______________________
State/County of location:____
Name of producer/operator:____
Current value (as of date of death): $____________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

Name of mineral interest/lease/well:____
Type of interest:_________________________ Percent of interest: ______________________
State/County of location:____
Name of producer/operator:____
Current value (as of date of death):$____________________ ___ CP ___ DSP ___ SSP
Attach Deed w/legal description (*not from County Tax Records*)

b. Stocks, Bonds, Brokerage/Mutual Fund Accounts

Include securities that are ***not*** in a brokerage account, mutual funds, and ***not*** in a qualified retirement plan fund (use **Retirement Plans** on p.14). *Copy this page if necessary.*

Name of brokerage firm/mutual fund:____
Name of account (and subaccounts, if any):____
____
Account Title:____
Account number (and numbers of subaccounts, if any):________________________________
____
Type: (common/preferred stock) & Certificate numbers: ______________________________
Date of Death Value: $______________________________ ___ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom?____

Name of security:____
Number of shares:____
Type: (common stock/preferred stock/bond/other) __________________________________)
Certificate numbers:____
In possession of:____
Name of exchange on which listed:____
Current market value (as of date of death): $_____________ ___ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom?____

Name of brokerage firm/mutual fund:____
Name of account (and subaccounts, if any):____
____
Account Title:____
Account number (and numbers of subaccounts if any):_________________________________
____
Value (as of date of death): $_________________________ ___ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom?____

Name of brokerage firm/mutual fund:____
Name of account (and subaccounts if any):____
____
Account Title:____
Account number (and numbers of subaccounts if any):_________________________________
____
Value (as of date of death): $_________________________ ___ CP ___ DSP ___ SSP
Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death
If so, to whom?____

c. Cash, Notes, and Mortgages

Include cash, traveler's checks, money orders, and accounts with banks, savings banks, credit unions, etc. *Copy this page if necessary.*

Cash on hand:____

Traveler's checks: $____________________ Money orders: $________________________

Accounts (at financial institutions) – checking, savings, money market, CDs:

Name of financial institution:____

Account title:____

Account number:____

Type of account: (checking/savings/money market/CD/Other) ___________________________)

Current account balance (as of date of death): $__________ ___ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom?____

Name of financial institution:____

Account title:____

Account number:____

Type of account: (checking/savings/money market/CD/Other) ___________________________)

Current account balance (as of date of death): $__________ ___ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom?____

Name of financial institution:____

Account title:____

Account number:____

Type of account: (checking/savings/money market/CD/Other) ___________________________)

Current account balance (as of date of death): $__________ ___ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom?____

Name of financial institution:____

Account title:____

Account number:____

Type of account: (checking/savings/money market/CD/Other) ___________________________)

Current account balance (as of date of death): $__________ ___ CP ___ DSP ___ SSP

Is this account: ___ Joint with Right of Survivorship ___ Pay/Transfer on Death

If so, to whom?____

Who owes Decedent money? ____

Original Amount: $____

Note and Terms:____

Current balance (as of date of death): $________________Years/Months remaining __________

Status: ____

Special Conditions: ____

d. Life Insurance (also include Life Insurance on Surviving Spouse)

Copy this page if necessary.

Name of insurance company:____________________
Date of issue:____________ Policy number:____________
Name of owner:____________________
Name of insured:____________________
Designated beneficiary:____________________
Type of insurance: (term/whole/universal) Face amount: $____________
Amount of premiums (monthly/quarterly/semiannually): $____________
Cash surrender value: $____________________

Name of insurance company:____________________
Date of issue:____________ Policy number:____________
Name of owner:____________________
Name of insured:____________________
Designated beneficiary:____________________
Type of insurance: (term/whole/universal) Face amount: $____________
Amount of premiums (monthly/quarterly/semiannually): $____________
Cash surrender value: $____________________

Name of insurance company:____________________
Date of issue:____________ Policy number:____________
Name of owner:____________________
Name of insured:____________________
Designated beneficiary:____________________
Type of insurance: (term/whole/universal) Face amount: $____________
Amount of premiums (monthly/quarterly/semiannually): $____________
Cash surrender value: $____________________

Name of insurance company:____________________
Date of issue:____________ Policy number:____________
Name of owner:____________________
Name of insured:____________________
Designated beneficiary:____________________
Type of insurance: (term/whole/universal) Face amount: $____________
Amount of premiums (monthly/quarterly/semiannually): $____________
Cash surrender value: $____________________

e. Jointly Owned Property

Asset	Value	Co-Owner

f. Miscellaneous, Safe Deposit Boxes, Agricultural, Vehicles, Intellectual Properties, Retirement Plans, Business Interests

Miscellaneous Property

Decedent's Household Goods and Personal Effects with Spouse	$________________________
Joint Household Goods and Personal Effects with Spouse	$________________________
Employer's Death Benefit (if not in life insurance category)	$________________________
QTIP Interests	$________________________
Insurance owned on life of another	$________________________
Refunds – including income tax refunds	$________________________
Interests in trusts (not Revocable Living Trust)	$________________________
Reporting Stock Options	$________________________

Agricultural Assets (not real property)

Farm Equipment	$________________________
Ranch Equipment	$________________________
Supplies	$________________________
Animals (type ______________________________________)	$________________________
Animals (type ______________________________________)	$________________________
Animals (type ______________________________________)	$________________________
Animals (type ______________________________________)	$________________________
Animals (type ______________________________________)	$________________________
Animals (type ______________________________________)	$________________________
Other	$________________________
Other	$________________________

Vehicles ***(see next page for additional information needed on each vehicle)***

Personal Automobiles	$________________________
Aircraft (type ______________________________________)	$________________________
Boats, Personal Watercraft	$________________________
Ships, Yachts	$________________________
Motorcycles, Bicycles, All Terrain Vehicles	$________________________
Recreational Vehicles	$________________________
Other	$________________________

Other Miscellaneous Property (Include Patents, Copyrights, and Trademarks)

Including household furniture, furnishings, fixtures, electronics and computers, antiques, artwork, collections, sporting goods, jewelry and other personal items, etc. *Copy this page if necessary.*

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Description of Asset: ______________________________
Owner: ______________________________
Value (as of date of death): $______________ ___ CP ___ DSP ___ SSP

Safe Deposit Boxes:

Name of depository:______________________________
Box number: ______________________________
Names of persons with access to contents: ______________________________
Items in safe-deposit box: ______________________________
____

Name of depository:______________________________
Box number: ______________________________
Names of persons with access to contents: ______________________________
Items in safe-deposit box: ______________________________
____

Motor Vehicles, Boats, Airplanes, Cycles, Etc.

Include mobile homes, trailers, and recreational vehicles. *Copy this page if necessary.*

Year: ________ Make: ___________ Model: ______________________________
Name on certificate of title:______________________________
In possession of:______________________________
Vehicle identification number:______________________________
Name of creditor if loan against vehicle:______________________________
Value (as of date of death): $_________________________ ___ CP ___ DSP ___ SSP
Current balance (as of date of death): $______________________________
Kelley Blue Book Value: _______________Current net equity in vehicle: $________________

Year: ________ Make: ___________ Model: ______________________________
Name on certificate of title:______________________________
In possession of:______________________________
Vehicle identification number:______________________________
Name of creditor if loan against vehicle:______________________________
Current balance (as of date of death): $______________________________
Date of Death balance: $___________________ Date of Death equity in vehicle: $________
Kelley Blue Book Value: $__________________________ ___ CP ___ DSP ___ SSP

Year: ________ Make: ___________ Model: ______________________________
Name on certificate of title:______________________________
In possession of:______________________________
Vehicle identification number:______________________________
Name of creditor if loan against vehicle:______________________________
Date of Death balance: $___________________ Date of Death equity in vehicle: $________
Kelley Blue Book Value: $__________________________ ___ CP ___ DSP ___ SSP

Year: ________ Make: ___________ Model: ______________________________
Name on certificate of title:______________________________
In possession of:______________________________
Vehicle identification number:______________________________
Name of creditor if loan against vehicle:______________________________
Date of Death balance: $___________________ Date of Death equity in vehicle: $________
Kelley Blue Book Value: $__________________________ ___ CP ___ DSP ___ SSP

Year: ________ Make: ___________ Model: ______________________________
Name on certificate of title:______________________________
In possession of:______________________________
Vehicle identification number:______________________________
Name of creditor if loan against vehicle:______________________________
Date of Death balance: $___________________ Date of Death equity in vehicle: $________
Kelley Blue Book Value: $__________________________ ___ CP ___ DSP ___ SSP

<u>Retirement Plans For Decedent</u>
Including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

Name of plan:____
Name of plan administrator:____
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT_____________, OTHER ______________________________)
Employee:____
Employer:____
Starting date of creditable service: _______________ Percent vested:______________________
Account Title:_________________________________ Account number:____________________
Payee of survivor benefits:____
Designated beneficiary:____
Current account balance (as of date of death):$_________________ ___ CP ___ DSP ___ SSP

Name of plan:____
Name of plan administrator:____
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT_____________, OTHER ______________________________)
Employee:____
Employer:____
Starting date of creditable service: _______________ Percent vested:______________________
Account Title:_________________________________ Account number:____________________
Payee of survivor benefits:____
Designated beneficiary:____
Current account balance (as of date of death):$_________________ ___ CP ___ DSP ___ SSP

Name of plan:____
Name of plan administrator:____
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT_____________, OTHER ______________________________)
Employee:____
Employer:____
Starting date of creditable service: _______________ Percent vested:______________________
Account Title:_________________________________ Account number:____________________
Payee of survivor benefits:____
Designated beneficiary:____
Current account balance (as of date of death):$_________________ ___ CP ___ DSP ___ SSP

Retirement Plans for Decedent's Spouse

Including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

Name of plan:____
Name of plan administrator:______________________________________
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT____________, OTHER _____________________)
Employee:____
Employer:____
Starting date of creditable service: ______________ Percent vested:______________
Account Title:______________________________ Account number:______________
Payee of survivor benefits:_______________________________________
Designated beneficiary:____
Current account balance (as of date of death):$________________ ___ CP ___ DSP ___ SSP

Name of plan:____
Name of plan administrator:______________________________________
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT____________, OTHER _____________________)
Employee:____
Employer:____
Starting date of creditable service: ______________ Percent vested:______________
Account Title:______________________________ Account number:______________
Payee of survivor benefits:_______________________________________
Designated beneficiary:____
Current account balance (as of date of death):$________________ ___ CP ___ DSP ___ SSP

Name of plan:____
Name of plan administrator:______________________________________
Administrator address: ____
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT____________, OTHER _____________________)
Employee:____
Employer:____
Starting date of creditable service: ______________ Percent vested:______________
Account Title:______________________________ Account number:______________
Payee of survivor benefits:_______________________________________
Designated beneficiary:____
Current account balance (as of date of death):$________________ ___ CP ___ DSP ___ SSP

Business Interests
Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities. *Copy this page if necessary.*

Name of business:____
Address:____
Type of business organization:______________________________
Percentage of ownership:__________________________________
Number of shares owned (if applicable):__________________________
Value (as of date of death): $____________________ ___ CP ___ DSP ___ SSP

Name of business:____
Address:____
Type of business organization:______________________________
Percentage of ownership:__________________________________
Number of shares owned (if applicable):__________________________
Value (as of date of death): $____________________ ___ CP ___ DSP ___ SSP

Business Personal Property (i.e., patents, copyrights, trademarks, royalties, rental equipment for lease to others etc.)

Item Identification	Location	Value

g. Transfers During Decedent's Life

Transfers with a Retained Life Estate	$____________
Transfers taken Effect at Death	$____________
Revocable Transfers	$____________
Transfers within 3 years of Death	$____________

h. Powers of Appointment

General Power of Appointment held at Death	$____________
Holder Releases or Exercise of General Power of Appointment	$____________
Lapses of Powers and "5 and 5" Exceptions	$____________
Transfers within 3 years of Death	$____________

i. Annuities

Copy this page if necessary.

Name of company:____
Policy number:____
Name of owner:____
Name of annuitant:____
Designated beneficiary:____
Date of issue:____
Type of annuity: ____________________Face Amount: $_______________________________
Amount of premiums (monthly/quarterly/semiannually): $_______________________
Value (as of date of death): $___________________________ ___ CP ___ DSP ___ SSP

Name of company:____
Policy number:____
Name of owner:____
Name of annuitant:____
Designated beneficiary:____
Date of issue:____
Type of annuity: ____________________Face Amount: $_______________________________
Amount of premiums (monthly/quarterly/semiannually): $_______________________
Value (as of date of death): $___________________________ ___ CP ___ DSP ___ SSP

Name of company:____
Policy number:____
Name of owner:____
Name of annuitant:____
Designated beneficiary:____
Date of issue:____
Type of annuity: ____________________Face Amount: $_______________________________
Amount of premiums (monthly/quarterly/semiannually): $_______________________
Value (as of date of death): $___________________________ ___ CP ___ DSP ___ SSP

Name of company:____
Policy number:____
Name of owner:____
Name of annuitant:____
Designated beneficiary:____
Date of issue:____
Type of annuity: ____________________Face Amount: $_______________________________
Amount of premiums (monthly/quarterly/semiannually): $_______________________
Value (as of date of death): $___________________________ ___ CP ___ DSP ___ SSP

Section 1.07 Firearms

The illegal transfer of any firearm is a felony! Penalties for both the transferor and the transferee are up to 10 years in prison and a $250,000 fine PER FIREARM! Applicable laws include the National Firearms Act of 1934, the Gun Control Act of 1968, and numerous state laws. Transfers of handguns to a person out of state are often illegal.

Be as accurate as possible in answering these questions so we can find legal solutions to potential problems.

Firearms:
List ***all*** firearms on a separate page and approximate value, if known. Include manufacturer, model (if known), serial numbers, and accessories (such as magazines and capacity of magazines). ***Note that some states have restrictions on magazine capacity.***
How many rifles did decedent own/possess? ______________________________
How many shotguns did decedent own/possess? ______________________________
How many handguns did decedent own/possess? ______________________________

Executors, Administrators, Trustees, potential Heirs, Beneficiaries, and Distributees:
Has any potential executor, administrator, trustee; potential heir, beneficiary, or distributee:

Been convicted of a felony?	___ No ___ Yes (explain)
Been convicted of domestic or family violence?	___ No ___ Yes (explain)
Been adjudicated or diagnosed with mental issues?	___ No ___ Yes (explain)
In or been in a mental institution?	___ No ___ Yes (explain)
Renounced his or her US citizenship?	___ No ___ Yes (explain)
A fugitive from justice?	___ No ___ Yes (explain)
An illegal alien?	___ No ___ Yes (explain)
Subject to restraining order for harassing, stalking, or threatening an intimate partner?	___ No ___ Yes (explain)
Under 18 for shotgun or rifle?	___ No ___ Yes (explain)
Under 21 for handgun?	___ No ___ Yes (explain)
Live out of state?	___ No ___ Yes (explain)

Decedent:

Did decedent have a Federal Firearms License?	___ No ___ Yes
Did decedent have a tax stamp for any firearm or accessory?	___ No ___ Yes
Did decedent own any Class III / Title 2 weapons (see below):	
Machine guns	___ No ___ Yes
Short-barreled rifles	___ No ___ Yes
Short-barreled shotguns	___ No ___ Yes
Sound suppressors (silencers)	___ No ___ Yes
Any Other Weapon (AOWs), or	___ No ___ Yes
Destructive devices	___ No ___ Yes

Provide any explanations or other information you think might be relevant on a separate sheet.

Section 1.08 Decedent's Liabilities

Liabilities: List all liabilities and debts below:

1. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

2. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

3. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

4. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

5. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

6. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

7. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

8. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

9. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

10. Name of Company ____________________ Account # _______________
   Address: ____
   Amount $________________ in the name of _____________________________

Section 1.09 Checklist of Items and Information to Bring to Appointment

1) All original documents including any of the following in your possession:
   - _ Trust Agreement and any amendments
   - _ Certificate of Trust
   - _ Will
   - _ Community/Pre-nuptial Agreement entered into in any state
   - _ Deeds and other documents
   - _ Vehicle titles
   - _ Abstracts or most recent title insurance policy(ies) for real estate
   - _ Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
   - _ Certified copy of Death Certificate
   - _ Business agreements such as buy sell or corporate redemption agreements, stockholder or partnership agreements

2) Copies of:
   - _ Most recent property tax bills on real estate
   - _ Any appraisals on real estate which have been completed in the past two years
   - _ Last statement on savings accounts, certificates of deposit, money market accounts, and other assets existing on the date of death
   - _ Any mortgages secured by real estate
   - _ Last statement on debts of decedent or trust existing on date of death
   - _ Gift tax returns, if any have been filed
   - _ Income tax returns for last three years
   - _ Paid funeral bills
   - _ Texas intangible tax return (most recent)
   - _ Financial statements prepared by accountant
   - _ Government, municipal, and corporate bonds
   - _ Pension and profit-sharing plans and summary of current benefits
   - _ Leases
   - _ Instruments under which client has any interest or power of appointment
   - _ Judgments of dissolution of marriage
   - _ Court orders or agreements under which client is obligated to provide support
   - _ Wills of other family members, if pertinent

3) Checkbooks and any outstanding bills that arrive.

4) Please verify information and insert missing information listed below.*

Beneficiary	Relationship to Decedent	Address	Taxpayer ID #	Telephone #

* If you are aware that any beneficiary has a guardian or if assets will be distributed in trust for any beneficiary, please bring address of guardian and/or trustee. If any beneficiary is a minor or if a beneficiary receives a distribution at a certain age, please bring date of birth. If any beneficiary listed is not surviving, please bring date of death

<u>Special Notes – Anything you think we need to know:</u>

Client Information Sharing Authorization

Please permit the person(s) or company(ies) I have referred to below access to my confidential file. Each spouse should initial the specific information they are willing to have Haiman Hogue, PLLC, share.

Client Name(s): (please print): ____

Client Name(s): (please print): ____

Information Haiman Hogue, PLLC, may share:

_____ _____ Personal Information Form/Client Information Worksheet

_____ _____ Design Meeting Information Package – Additional Family Information, Family Tree, and Financial Information

_____ _____ Estate Plan Design

_____ _____ Estate Plan Summary

_____ _____ All Estate Plan Documents (specify individual documents separately)

_____ ______ Probate/Trust Administration Information

The above information may be shared with each of the following individuals or companies:

___ Attorney 1 ____

___ Attorney 2 ____

___ CPA/EA ____

___ Financial Services ____

___ Insurance Agents ____

___ Trust Department ____

___ Other ____

___ Other ____

By our signatures below, we agree to hold Haiman Hogue, PLLC harmless for sharing this information.

________________________________ ________________________________

Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: Trust/Estate: ____
Decedent: ____
Date of death: ____

TO WHOM IT MAY CONCERN:

I am the Trustee/Personal Representative of the above-referenced trust/estate. My attorney is the Law Firm of Haiman Hogue, PLLC, whose address is 2595 Dallas Parkway, Suite 100, Frisco, Texas 75034.

<u>Consent and Authorization.</u> I give my consent to and authorize any third party, including, but not limited to, Financial Advisors, Insurance Professionals, CPA/Accountants, Stockbrokers, Stock Transfer Agents, Bankers, and Investment & Financial Institutions, such as brokerage and wire houses, etc., to release to my attorney, or its representatives, any and all information, including, but not limited to, the following:

1. Account(s), account number(s), or other matter(s) relating to the above-referenced trust(s) or decedent(s);

2. Records, reports, or other information.

3. Any and all information regarding all financial investments and taxes, including any information in regards to stocks, bonds, certificates of deposit, bank accounts, real-property matters, tax returns, retirement accounts, pension plans, or any other asset(s)/document(s).

Further, I authorize <u>any</u> third party holding such information to release information to my attorney, or their representatives. This includes, <u>but is not limited to,</u> the following:

1. Any previous Estate Planning documents, such as will(s), trust(s), and power(s) of attorney; and

2. All financial matters, such as accounting records, tax returns, legal documents, financial records, and information.

<u>Release.</u> I release financial professionals, insurance professionals, CPA/accountants, attorneys, stockbrokers, stock transfer agents, bankers, brokerage relationships and other financial institutions, or other third parties from any liability for releasing the above-referenced information to my attorneys, or their representatives, in reliance on this consent.

<u>Waiver of Privilege; Release.</u> I understand that any and all communications between me and my attorney are privileged and protected from disclosure by the attorney-client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I release my attorneys, or their representatives, from any liability for releasing the above-referenced information to a financial professional, insurance professional, CPA/accountant, or stockbroker in reliance on this consent.

<u>Photocopies and Examination.</u> This authorization includes photocopying or examination of all records, statements, and any other information in possession of a third party.

<u>Effective Date of This Authorization.</u> This Authorization shall become effective as of the date it is signed and shall remain effective for two years.

I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.

A PHOTOCOPY OF THIS RELEASE AUTHORIZATION SHALL BE AS FULLY EFFECTIVE AS THE ORIGINAL. THIS REVOKES ALL PREVIOUS AUTHORIZATIONS.

Your full cooperation with my attorney is requested. Thank you for your assistance in this matter.

Dated: ____________________

____
Signature of Trustee/Personal Representative

____
Printed Name

Authorization to Obtain EIN

Re: ________________________, Individually and as Trustee/Personal Representative of the ____

To Whom It May Concern:

I hereby authorize Haiman Hogue, PLLC to receive the EIN requested for the estate of __________________________________ and to answer any questions or otherwise receive any information concerning the preparation of Form SS-4 prepared and submitted on my behalf.
Any questions or requests for information concerning this Authorization should be directed to my attorneys, Haiman Hogue, PLLC.

Dated: _________________________

____
Trustee

____
Printed Name