



Steven A. Early, J.D., CFP®
Attorney At Law

26 Main St.
Colleyville, TX 76034
(817) 605-8880 • Fax (817) 605-8882
steve@lawyerearly.com / legal@lawyerearly.com

ESTATE PLANNING - INDIVIDUAL

Your appointment with this office is: _____ at _____

These questions pertain to the person for whom we are planning. We ask a lot of questions on this form because we need a lot of information about you for our planning for you. Do your best, but don't worry if some of the information you need to complete this form is not available to you. Please call us if you have any questions or concerns about completing this form.

Last Name:

First Name:

Middle:

Jr., Sr., II, III, IV?

Name(s) you are also known as:

Marital Status: Single Divorced Widowed Separated

Date of Birth:

Home Address:

Home City, State, Zip:

County of Residence:

Home Phone/Landline:

Cell Phone:

Home Email:

Best place to reach you? Phone Email Other:

Are you a US Citizen? Yes No,
If no – country of citizenship?

EMPLOYMENT INFORMATION:

Occupation:

Place of Employment:

Work Address:

Work City, State, Zip:

Work Phone:

Work Fax:

Work Email:

CHILDREN:

1) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip: <input type="checkbox"/> Deceased	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Child's Phone:	# Of Children

2) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip: <input type="checkbox"/> Deceased	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Child's Phone:	# Of Children

3) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip: <input type="checkbox"/> Deceased	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Child's Phone:	# Of Children

(Continue to next page for more children)

4) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip:	<input type="checkbox"/> Male / <input type="checkbox"/> Female
<input type="checkbox"/> Deceased	
Child's Phone:	# Of Children

5) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip:	<input type="checkbox"/> Male / <input type="checkbox"/> Female
<input type="checkbox"/> Deceased	
Child's Phone:	# Of Children

6) Child's Full Legal Name:	Birthdate:
Child's Address, City, State, Zip:	<input type="checkbox"/> Male / <input type="checkbox"/> Female
<input type="checkbox"/> Deceased	
Child's Phone:	# Of Children

Is it possible for you to have or adopt more children? Yes No

ASSET INFORMATION:

Value:

Comments:

Life Insurance:

**IRA, 401(k), Profit Sharing,
Etc.:**

Residence:

Other Real Estate:

Stocks, Bonds, Mutual Funds:

Cash, CDs, Savings, Checking:

**Notes Where People Owe You
Money:**

Business Interests:

Cars, Jewelry, Furniture, Etc.:

Other:

TOTAL ESTATE:

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? No Yes, if so, whom may we thank?

Would you like for this referral to be copied on correspondence? Yes No

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR AND/OR TRUSTEE OF YOUR ESTATE? (Please indicate relationship to person you appoint.)

Name(s)

Relationship

1)

2)

3)

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR MINOR CHILDREN (if applicable)? (Two persons can serve together as long as they are married.)

Name(s)

Relationship

1)

2)

3)

WHO DO YOU WANT TO NAME AS AGENT ON YOUR FINANCIAL POWER OF ATTORNEY? (This Power of Attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

Name(s)

Relationship

1)

**Address,
City/ST/Zip:**

Phone:

2)

**Address,
City/ST/Zip:**

Phone:

3)

**Address,
City/ST/Zip:**

Phone:

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY? (This Medical Power of Attorney gives the person or persons you name the power to make medical decisions if you are not able to do so; also includes HIPAA release authorization.)

Name(s)

Relationship

1)

**Address,
City/ST/Zip:**

Phone:

2)

**Address,
City/ST/Zip:**

Phone:

3)

**Address,
City/ST/Zip:**

Phone:

Where do you plan to keep your original documents?
