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WILLS, TRUSTS AND ESTATE PLANNING NEW CLIENT FORM AND QUESTIONNAIRE

Thank you for choosing our firm for your planning needs. The information you provide in this questionnaire will be used to help you organize your personal and financial information so that we can properly assess your current situation and evaluate what planning documents are appropriate for you. Whether you are looking for a simple Will or a more complex estate plan, the information requested in this form is essential in order for us to provide you with proper advice and recommendations. Please complete the form and bring it along with you to your initial consultation.

If you are single or if you are married but will be implementing your estate plan separately from your spouse, please fill out only the left column labeled Client #1. If you are married and will be creating a joint estate plan, please fill out both the left and right sections.

Who May Be Present During Your Consultation: As a general rule, family members, or anyone else who is going to be mentioned in any of your documents, are not permitted to be present during consultations and document signing. If these individuals accompany you to our office for travel or other purposes, they may wait in our lobby during your visit. There are many reasons for meeting alone with clients - to make clear to everyone whom we represent and to protect attorney-client confidentiality. All of these safeguards protect not just you, but also protect your family in the future. However, if you so desire, we will be glad to meet and communicate with your family members regarding your planning.

Personal Information

Please state your full names exactly as they will appear on your estate planning documents. If space is insufficient, please attached an additional sheet.

Client #1

Client #2 / Spouse

<p>Name: _____ <input type="checkbox"/>Mr. <input type="checkbox"/>Mrs. <input type="checkbox"/>Dr. <input type="checkbox"/>Ms.</p> <p>Work Phone: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Home Address: _____ _____</p> <p>Email Address: _____</p> <p>Business/Employer: _____ _____</p> <p>Place of Birth: _____</p> <p>Date of Birth: _____</p> <p>Marital Status: <input type="checkbox"/>Married <input type="checkbox"/>Single <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>If currently married, date of marriage: _____</p> <p>Place of marriage: _____</p> <p>Name of Current Spouse _____</p> <p>Prior Spouse(s) Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p>	<p>Name: _____ <input type="checkbox"/>Mr. <input type="checkbox"/>Mrs. <input type="checkbox"/>Dr. <input type="checkbox"/>Ms.</p> <p>Work Phone: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Home Address: _____ _____</p> <p>Email Address: _____</p> <p>Business/Employer: _____ _____</p> <p>Place of Birth: _____</p> <p>Date of Birth: _____</p> <p>Marital Status: <input type="checkbox"/>Married <input type="checkbox"/>Single <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>If currently married, date of marriage: _____</p> <p>Place of marriage: _____</p> <p>Name of Current Spouse _____</p> <p>Prior Spouse(s) Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p> <p>Name: _____ <input type="checkbox"/>Divorced <input type="checkbox"/>Widowed</p>
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Contact Information

Using the next two pages (and additional sheets if necessary), please identify (1) all of your children (including deceased children) and (2) any other individuals who you will be naming either as beneficiaries, guardians, or fiduciaries (executors, trustees etc.) Please be sure to fill out each person's relationship to you. You may use the following codes if desired:

Children: **CB**–child of both | **HC**–husband's child | **WC**–wife's child | **DDC**–deceased child with children
DCN–deceased child with no children

Siblings: **HB**–husband's brother | **HS**–husband's sister | **WB**–wife's brother | **WS**–wife's sister

Other: **HN**–husband's niece/nephew | **WN**–wife's niece/nephew | **HP**–husband's parent | **WP**–wife's parent
F–Friend

Name: _____ Relationship: _____ Age: _____ Address: _____ _____ Home Phone: _____ Work/Cell Phone: _____ Spouse's Name: _____ Number of Children: _____	Name: _____ Relationship: _____ Age: _____ Address: _____ _____ Home Phone: _____ Work/Cell Phone: _____ Spouse's Name: _____ Number of Children: _____
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Name: _____ Relationship: _____ Age: _____ Address: _____ _____ Home Phone: _____ Work/Cell Phone: _____ Spouse's Name: _____ Number of Children: _____	Name: _____ Relationship: _____ Age: _____ Address: _____ _____ Home Phone: _____ Work/Cell Phone: _____ Spouse's Name: _____ Number of Children: _____
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Name: _____	Name: _____
Relationship: _____ Age: _____	Relationship: _____ Age: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
Spouse's Name: _____	Spouse's Name: _____
Number of Children: _____	Number of Children: _____

Name: _____	Name: _____
Relationship: _____ Age: _____	Relationship: _____ Age: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
Spouse's Name: _____	Spouse's Name: _____
Number of Children: _____	Number of Children: _____

Name: _____	Name: _____
Relationship: _____ Age: _____	Relationship: _____ Age: _____
Address: _____ _____	Address: _____ _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
Spouse's Name: _____	Spouse's Name: _____
Number of Children: _____	Number of Children: _____

Guardians for Children

It is extremely important that every parent of young children name a guardian for their child or children in the event that a need arises. This is a very difficult decision to make and it is often the reason that families postpone putting their wishes in writing. However, the consequences of not making that decision and having your children being placed in a custody battle or the state foster system are disastrous. To assist you with this decision, I would like you to list below the names of five (5) individuals or couples that you would consider naming as guardians. If you are naming a couple, please list them both on one line. Please name them in any order and make sure you have their contact information with you during your initial consultation. We will discuss your choices during our meeting keeping in mind the following factors: parenting philosophy, relationship with the children, age, location, religion, discipline style and personal values.

Potential Guardians:

1. _____
2. _____
3. _____
4. _____
5. _____

Medical Information

As part of the planning process we will likely be preparing documents that will assist you in the event of a medical emergency or disability. As such, please complete the following information:

Physicians Name: _____	Physicians Name: _____
Phone Number: _____	Phone Number: _____
Permanent Medical Conditions: 1. _____	Permanent Medical Conditions: 1. _____
2. _____	2. _____
Allergies: _____	Allergies: _____
Emergency Contacts:	Emergency Contacts:
1. Name: _____	1. Name: _____
Primary Phone: _____	Primary Phone: _____
Alternate Phone: _____	Alternate Phone: _____
2. Name: _____	2. Name: _____
Primary Phone: _____	Primary Phone: _____
Alternate Phone: _____	Alternate Phone: _____
3. Name: _____	3. Name: _____
Primary Phone: _____	Primary Phone: _____
Alternate Phone: _____	Alternate Phone: _____

FINANCIAL INFORMATION

Please list the following information regarding your assets. Exact account balances are not necessary at this point in the planning process. Instead, provide enough information so that the attorney can determine an possible tax ramifications or planning alternatives.

Cash and other liquid accounts: List your accounts that contain cash or assets with very short-term maturities, such as 6-to-12-month CDs. These might be your checking, saving or money market accounts that are held outside of your brokerage accounts.

Type of Account	Owner (name or joint)	Value as of / /	Interest Rate/Term

Investment accounts: These are your accounts and investments that are less liquid because they can fluctuate in value more than cash, but they are not retirement accounts (such as an IRA or 401(k)). List your mutual fund, bond, stock and brokerage and variable annuity accounts here.

Type of Account	Owner (name or joint)	Value as of / /	Notes/Comments

Retirement accounts: List your company and personal retirement accounts here. These are the assets that are not readily available to you until you reach retirement. They might be your IRA, Roth IRA, SEP IRA, Incentive Savings Plan, 401(k), 403(b), Deferred Annuity or Cash Balance accounts.

Type of Account	Owner (name or joint)	Value as of / /	Notes/Comments

Other assets: List your other assets including real estate and personal property with significant value.

Type of Asset	Owner (name or joint)	Value as of / /	State where located
Residence			
Land			
Personal Property			
Other			

Life Insurance

Insured	Death Benefit	Beneficiary	Owner	Annual Premium	Type of Policy

Business Interests

Type of Business/Name	Owner (name or joint)	Value as of / /	Buy/Sell Agreement? Yes or No

Heirlooms: List any heirloom items that you are particularly concerned about or that have significant dollar or sentimental value. Please describe the item in as much detail as possible.

Description	Owner (name or joint)	Value as of / /	State where located

PASSING ON VALUES

As part of your planning we want you to be able to pass along not just your assets but also your values and beliefs. The idea of passing along a set of values to the next generation is a practice that has been around for thousands of years. The following are a series of questions that you might consider when thinking about what intangible assets you wish to pass along.

1. My hope/prayer for you is that you will always experience _____

2. Treasure each day you have because it will teach you _____

3. Always remember _____
4. Don't be afraid to _____
5. Take good care of _____
6. You may have tough times along the way, but I want to encourage you to _____
7. Some of the times I will remember most fondly are when _____

8. Time spent together was so special because _____
9. I dream that you will find what makes you special and use it to achieve _____

10. I hope you will remember your heritage and pass on a legacy of _____

11. Remember people in our family like _____
12. Never take for granted _____

13. Most importantly, my advice to you is to keep these beliefs as the center of your life: _____

14. Finally, I hope your life will be full of _____