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## ESTATE PLANNING AND WILL PREPARATION INFORMATION PACKAGE

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# SECTION 1: PERSONAL INFORMATION

PLEASE USE THE NAME YOU WANT TO APPEAR ON YOUR DOCUMENTS

## CLIENT

FIRST NAME	MIDDLE NAME	LAST NAME	(JR., II, ETC.)
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OF BIRTH	SOCIAL SECURITY NUMBER	U.S. CITIZEN	
STREET ADDRESS		APARTMENT NUMBER, ETC	
CITY	COUNTY	STATE	ZIP CODE
WORK TELEPHONE	HOME TELEPHONE	EMAIL	

## SPOUSE

FIRST NAME	MIDDLE NAME	LAST NAME	(JR., II, ETC.)
DATE OF BIRTH	DATE OF MARRIAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	U.S. CITIZEN		

## FIRST CHILD

CHILD NAME	DATE OF BIRTH			
<input type="checkbox"/> YES <input type="checkbox"/> NO				
SOCIAL SECURITY NUMBER	MARRIED	SPOUSE'S NAME		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
IS THIS CHILD: HUSBAND'S / WIFE'S / BOTH / ADOPTED (CIRCLE ONE)				
IS THIS CHILD: LIVING / DECEASED (CIRCLE ONE)		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		IF DECEASED, ARE THERE ANY LIVING DESCENDANTS?		
ANY SPECIAL CONSIDERATIONS, SUCH AS DISABILITIES?				

## SECOND CHILD

CHILD NAME		DATE OF BIRTH		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	MARRIED	SPOUSE'S NAME		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
IS THIS CHILD: HUSBAND'S / WIFE'S / BOTH / ADOPTED (CIRCLE ONE)				
IS THIS CHILD: LIVING / DECEASED (CIRCLE ONE)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF DECEASED, ARE THERE ANY LIVING DESCENDANTS?		
ANY SPECIAL CONSIDERATIONS, SUCH AS DISABILITIES?				

## THIRD CHILD

CHILD NAME		DATE OF BIRTH		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	MARRIED	SPOUSE'S NAME		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
IS THIS CHILD: HUSBAND'S / WIFE'S / BOTH / ADOPTED (CIRCLE ONE)				
IS THIS CHILD: LIVING / DECEASED (CIRCLE ONE)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF DECEASED, ARE THERE ANY LIVING DESCENDANTS?		
ANY SPECIAL CONSIDERATIONS, SUCH AS DISABILITIES?				

## FOURTH CHILD

CHILD NAME		DATE OF BIRTH		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER	MARRIED	SPOUSE'S NAME		
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
IS THIS CHILD: HUSBAND'S / WIFE'S / BOTH / ADOPTED (CIRCLE ONE)				
IS THIS CHILD: LIVING / DECEASED (CIRCLE ONE)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF DECEASED, ARE THERE ANY LIVING DESCENDANTS?		
ANY SPECIAL CONSIDERATIONS, SUCH AS DISABILITIES?				

## SECTION 2: FINANCIAL INFORMATION

### ESTIMATE OF NET WORTH

*CONFIDENTIAL: FOR PLANNING PURPOSES ONLY*

\$ _____	
APPROXIMATE ANNUAL FAMILY INCOME	
\$ _____	\$ _____
CASH	REAL ESTATE
\$ _____	\$ _____
STOCKS	BONDS
\$ _____	\$ _____
PERSONAL PROPERTY (I.E., BOATS, HOUSEHOLD, ETC.)	VEHICLES
\$ _____	\$ _____
TOTAL ASSETS	TOTAL LIABILITIES (HOUSE, LOANS, CREDIT CARDS)
\$ _____	
ROUGH NET WORTH	

#### INSURANCE ON SELF

WHOLE  TERM  OTHER

BENEFICIARY \_\_\_\_\_

#### INSURANCE ON SPOUSE

WHOLE  TERM  OTHER

BENEFICIARY \_\_\_\_\_

PLEASE BRING THE FOLLOWING DOCUMENTS TO OUR MEETING.  
*ALL INFORMATION IS CONFIDENTIAL AND FOR PLANNING PURPOSES ONLY*

- LATEST FEDERAL TAX RETURN
- FINANCIAL STATEMENT, IF AVAILABLE
- BROKERAGE STATEMENT
- BANK STATEMENT
- LLC OR PARTNERSHIP AGREEMENTS
- LIFE INSURANCE POLICY STATEMENT
- BENEFICIARY CHANGE FORMS
- IRA/401 (K) STATEMENT
- PENSION PLAN STATEMENT
- PREVIOUS ESTATE PLAN DOCUMENTS





## SECTION 4: MANAGEMENT

### HUSBAND'S EXECUTOR CHOICE

EXECUTOR OF HUSBAND'S WILL (THE EXECUTOR, USUALLY THE SPOUSE, IS APPOINTED BY THE COURT TO GATHER ASSETS AND FILE AN INVENTORY)

WHO IS YOUR SECOND CHOICE? (BROTHER, SISTER, PARENT)

DATE OF BIRTH

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

RELATIONSHIP

WHO IS YOUR THIRD CHOICE?

DATE OF BIRTH

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

RELATIONSHIP

### WIFE'S EXECUTOR CHOICE

EXECUTOR OF WIFE'S WILL (THE EXECUTOR, USUALLY THE SPOUSE, IS APPOINTED BY THE COURT TO GATHER ASSETS AND FILE AN INVENTORY)

WHO IS YOUR SECOND CHOICE? (BROTHER, SISTER, PARENT)

DATE OF BIRTH

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

RELATIONSHIP

WHO IS YOUR THIRD CHOICE? (BROTHER, SISTER, PARENT)

DATE OF BIRTH

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

RELATIONSHIP

## GUARDIAN OF MINOR CHILDREN

IF YOU AND YOUR WIFE WERE DIE IN AN ACCIDENT, WHO WOULD YOU WANT TO BE THE GUARDIAN OF YOUR MINOR CHILDREN? THIS DESIGNATION IS IMPORTANT. IF YOUR CHILD IS FROM A PREVIOUS MARRIAGE, THE NATURAL PARENT WILL NORMALLY BECOME THE GUARDIAN NO MATTER WHAT DESIGNATION YOU MAKE IN YOUR WILL.

---

NAME DATE OF BIRTH

---

STREET ADDRESS CITY COUNTY ZIP CODE

---

PHONE RELATIONSHIP

IF THAT PERSON FOR SOME REASON CANNOT OR WILL NOT ACT FOR YOU, WHO WOULD BE THE ALTERNATE?

---

ALTERNATE DATE OF BIRTH

---

STREET ADDRESS CITY COUNTY ZIP CODE

---

PHONE RELATIONSHIP

YOUR WILL ALSO CONTAINS A MARITAL TRUST FOR TAX PURPOSES. WE USE THE SAME SELECTIONS YOU MAKE FOR EXECUTOR FOR THE TRUSTEE OF THE MARITAL TRUST.

## SECTION 5: WHO GETS YOUR ASSETS?

### HUSBAND'S CHOICE

FIRST ALL TO SPOUSE     YES     NO

IF YOUR SPOUSE DOES NOT SURVIVE FOR 30 DAYS:

▪ ALL TO CHILDREN EQUALLY?     YES     NO

▪ OR TO THEIR LIVING CHILDREN IF THAT CHILD DOES NOT SURVIVE YOU?     YES     NO

**IF NEITHER YOUR SPOUSE NOR YOUR CHILDREN AND THEIR CHILDREN ARE ALIVE, WHO DO YOU WANT TO RECEIVE YOUR ASSETS?**

NAME

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

RELATIONSHIP

**IF NONE OF THE ABOVE ARE ALIVE, PLEASE DESIGNATE A CHARITY TO RECEIVE YOUR ASSETS.**

NAME (E.G. AMERICAN CANCER SOCIETY, SERVICE CLUB, SCHOOL, ETC)

STREET ADDRESS

CITY

COUNTY

ZIP CODE

PHONE

DESIGNATED FUND OR PURPOSE

## WIFE'S CHOICE

FIRST ALL TO SPOUSE     YES     NO

---

IF YOUR SPOUSE DOES NOT SURVIVE FOR 30 DAYS:

▪ ALL TO CHILDREN EQUALLY?  YES     NO

▪ OR TO THEIR LIVING CHILDREN IF THAT CHILD DOES NOT SURVIVE YOU?  YES     NO

---

**IF NEITHER YOUR SPOUSE NOR YOUR CHILDREN AND THEIR CHILDREN ARE ALIVE, WHO DO YOU WANT TO RECEIVE YOUR ASSETS?**

---

NAME DATE OF BIRTH

---

STREET ADDRESS CITY COUNTY ZIP CODE

---

PHONE RELATIONSHIP

---

**IF NONE OF THE ABOVE ARE ALIVE, PLEASE DESIGNATE A CHARITY TO RECEIVE YOUR ASSETS.**

---

NAME (E.G. AMERICAN CANCER SOCIETY, SERVICE CLUB, SCHOOL, ETC)

---

STREET ADDRESS CITY COUNTY ZIP CODE

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PHONE DESIGNATED FUND OR PURPOSE

## SECTION 6: DISABILITY DIRECTIVES

### ADVANCED DIRECTIVE FOR THE HUSBAND

THE ADVANCED DIRECTIVE APPLIES WHEN YOU HAVE A TERMINABLE CONDITION FROM WHICH YOU ARE EXPECTED TO DIE IN SIX MONTHS OR YOU HAVE AN IRREVERSIBLE CONDITION SO THAT YOU CANNOT MAKE DECISIONS. PLEASE CHOOSE A OR B:

- A DO YOU WANT TO BE KEPT COMFORTABLE AND ALLOWED TO DIE AS GENTLY AS POSSIBLE, OR  
 B KEPT ALIVE IN THE TERMINAL OR IRREVERSIBLE CONDITION WITH ALL AVAILABLE LIFE-SUSTAINING TREATMENT.

### HEALTHCARE POWER OF ATTORNEY FOR THE HUSBAND

LIKE A FINANCIAL POWER OF ATTORNEY, THIS DOCUMENT DESIGNATES SOMEONE TO MAKE HEALTHCARE DECISIONS, BOTH EMERGENCY AND ROUTINE, IF YOU ARE UNABLE TO DECIDE FOR YOURSELF. IF YOU ARE MARRIED, THE FIRST PERSON DESIGNATED WILL BE YOUR SPOUSE. IF YOUR SPOUSE IS NOT AVAILABLE, WHO DO YOU WANT TO DESIGNATE?

NAME \_\_\_\_\_ PHONE (NOT NECESSARY BUT HELPFUL) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WE PREPARE 4 ORIGINALS, ONE FOR YOU, ONE FOR YOUR DOCTOR, ONE FOR NATIONAL REGISTRY, AND ONE FOR OUR FILES. WHERE WILL YOU KEEP YOUR ORIGINAL WHERE IT WILL BE SAFE FROM DESTRUCTION?

SAFETY DEPOSIT BOX AT A BANK \_\_\_\_\_ IF SO, WHICH BANK \_\_\_\_\_

FIREPROOF SAFE AT HOME \_\_\_\_\_ OTHER \_\_\_\_\_

### FINANCIAL POWER OF ATTORNEY FOR THE HUSBAND

THIS DOCUMENT ALLOWS SOMEONE TO MAKE FINANCIAL DECISIONS FOR YOU (PAYING BILLS, BUYING AND SELLING PROPERTY, MANAGE BANK ACCOUNTS AND INVESTMENTS, ETC) IF YOU ARE NOT ABLE TO DO SO, EITHER PERMANENTLY OR TEMPORARILY. WE PROVIDE THAT THE DOCUMENT IS EFFECTIVE IMMEDIATELY AND IS NOT AFFECTED IF YOU LATER BECOME DISABLED. THE FIRST PERSON DESIGNATED IS YOUR SPOUSE. IF YOUR SPOUSE IS UNABLE TO ACT BECAUSE OF DEATH, DISABILITY OR OTHERWISE, WHO DO YOU DESIGNATE AS AN ALTERNATE? (USUALLY SAME PERSON FOR FINANCIAL AND HEALTHCARE POWER OF ATTORNEY).

NAME \_\_\_\_\_ PHONE (NOT NECESSARY BUT HELPFUL) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## ADVANCED DIRECTIVE FOR THE WIFE

THE ADVANCED DIRECTIVE APPLIES WHEN YOU HAVE A TERMINABLE CONDITION FROM WHICH YOU ARE EXPECTED TO DIE IN SIX MONTHS OR YOU HAVE AN IRREVERSIBLE CONDITION SO THAT YOU CANNOT MAKE DECISIONS. PLEASE CHOOSE A OR B:

- \_\_\_\_ A DO YOU WANT TO BE KEPT COMFORTABLE AND ALLOWED TO DIE AS GENTLY AS POSSIBLE, OR  
\_\_\_\_ B KEPT ALIVE IN THE TERMINAL OR IRREVERSIBLE CONDITION WITH ALL AVAILABLE LIFE-SUSTAINING TREATMENT.

## HEALTHCARE POWER OF ATTORNEY FOR THE WIFE

LIKE A FINANCIAL POWER OF ATTORNEY, THIS DOCUMENT DESIGNATES SOMEONE TO MAKE HEALTHCARE DECISIONS, BOTH EMERGENCY AND ROUTINE, IF YOU ARE UNABLE TO DECIDE FOR YOURSELF. IF YOU ARE MARRIED, THE FIRST PERSON DESIGNATED WILL BE YOUR SPOUSE. IF YOUR SPOUSE IS NOT AVAILABLE, WHO DO YOU WANT TO DESIGNATE?

NAME \_\_\_\_\_ PHONE (NOT NECESSARY BUT HELPFUL) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WE PREPARE 4 ORIGINALS, ONE FOR YOU, ONE FOR YOUR DOCTOR, ONE FOR NATIONAL REGISTRY, AND ONE FOR OUR FILES. WHERE WILL YOU KEEP YOUR ORIGINAL WHERE IT WILL BE SAFE FROM DESTRUCTION?

SAFETY DEPOSIT BOX AT A BANK \_\_\_\_\_ IF SO, WHICH BANK \_\_\_\_\_

FIREPROOF SAFE AT HOME \_\_\_\_\_ OTHER \_\_\_\_\_

## FINANCIAL POWER OF ATTORNEY FOR THE WIFE

THIS DOCUMENT ALLOWS SOMEONE TO MAKE FINANCIAL DECISIONS FOR YOU (PAYING BILLS, BUYING AND SELLING PROPERTY, MANAGE BANK ACCOUNTS AND INVESTMENTS, ETC) IF YOU ARE NOT ABLE TO DO SO, EITHER PERMANENTLY OR TEMPORARILY. WE PROVIDE THAT THE DOCUMENT IS EFFECTIVE IMMEDIATELY AND IS NOT AFFECTED IF YOU LATER BECOME DISABLED. THE FIRST PERSON DESIGNATED IS YOUR SPOUSE. IF YOUR SPOUSE IS UNABLE TO ACT BECAUSE OF DEATH, DISABILITY OR OTHERWISE, WHO DO YOU DESIGNATE AS AN ALTERNATE? (USUALLY SAME PERSON FOR FINANCIAL AND HEALTHCARE POWER OF ATTORNEY).

NAME \_\_\_\_\_ PHONE (NOT NECESSARY BUT HELPFUL) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## SECTION 7: APPROVALS

BY MY SIGNATURE, I AM REPRESENTING THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND THAT I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS REGARDING TRUSTS AND THE UNIFORM GIFTS TO MINORS ACT. I HEREBY RETAIN JAMES E. MONTGOMERY, P.C., TO PREPARE THE ABOVE DOCUMENTS AND ACCEPT SOLE RESPONSIBILITY FOR FOLLOWING THE DIRECTIONS FOR THE SIGNING OF THE DOCUMENTS. I UNDERSTAND THAT THE DOCUMENTS MAY NOT BE EFFECTIVE IF THEY ARE NOT SIGNED AS SET OUT IN THE DIRECTIONS.

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HUSBAND

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WIFE