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Attorneys At Law

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FACT SHEET

(Please Print)

HUSBAND

Social Security No. _____ Date _____

Your Name _____
(First) (Middle) (Last)

Home Address _____
(Street) (City) (State) (Zip Code)

Home Phone _____ Fax _____

Cell Phone _____ Preferred Email Address _____

Date of Birth _____ Place of Birth _____

Are you a citizen of the United States? _____ If no, citizenship _____

Condition of Health _____

Employer _____ Position _____

Business Address _____
(Street) (City) (State) (Zip Code)

Business Phone _____ Business Fax _____

WIFE

Social Security No. _____ Date _____

Your Name _____
(First) (Middle) (Last)

Cell Phone _____ Preferred Email Address _____

Date of Birth _____ Place of Birth _____

Are you a citizen of the United States? _____ If no, citizenship _____

Condition of Health _____

Employer _____ Position _____

Business Address _____
(Street) (City) (State) (Zip Code)

Business Phone _____ Business Fax _____

Date of Marriage _____ Place of Marriage _____

If either Husband or Wife has been married before, please furnish the following information as to each prior marriage below: (1) name of former spouse, (2) time and place of the marriage, (3) place, date, and cause (death, divorce, etc.) of termination of the marriage. (Use reverse side of sheet if necessary.)

3. Name _____ Date of Birth _____ Place of Birth _____
(First) (Middle) (Last)

If married, name of spouse _____
(First) (Middle) (Last)

If children, names and ages _____

Present address, if different from yours _____
(Street) (City) (State) (Zip Code)

Occupation, if any _____

Home Phone _____ Fax No _____

Cell Phone _____ Email Address _____

Work Phone _____ Work Email Address _____

4. Name _____ Date of Birth _____ Place of Birth _____
(First) (Middle) (Last)

If married, name of spouse _____
(First) (Middle) (Last)

If children, names and ages _____

Present address, if different from yours _____
(Street) (City) (State) (Zip Code)

Occupation, if any _____

Home Phone _____ Fax No _____

Cell Phone _____ Email Address _____

Work Phone _____ Work Email Address _____

(If additional space is needed, please list the same information for each additional child on this sheet.)

(If any child listed is not a child of your present marriage, please place an asterisk (*) beside such child's name, and furnish any additional information below, or on the reverse side of this sheet if necessary.)

FINANCIAL INFORMATION

ASSETS (indicate if any assets are held as separate property of either spouse ("SPH" or "SPW"), as joint tenants with rights of survivorship ("JTWROS") or in payable on death accounts ("POD"))

1. Average cash balance
(including savings, certificates of deposit and other cash equivalents) \$ _____

2. Bonds (detail on separate listing) \$ _____

3. Stocks (detail on separate listing) \$ _____

4. Business Interests (detail on separate listing) \$ _____

5. Residence
Value \$ _____
Less Mortgage \$ _____
Real Equity \$ _____

6. Other Real Estate (describe)
Value \$ _____
Less Mortgage \$ _____
Real Equity \$ _____

Value \$ _____
Less Mortgage \$ _____
Real Equity \$ _____

Value \$ _____
Less Mortgage \$ _____
Real Equity \$ _____

7. Autos, Boats or Planes
Value \$ _____

Less Loan Amount \$ _____

Real Equity \$ _____

Value \$ _____

Less Loan Amount \$ _____

Real Equity \$ _____

Value \$ _____

Less Loan Amount \$ _____

Real Equity \$ _____

ASSETS *(Continued)*

- 8. Livestock \$ _____

- 9. Other assets, including furnishings
of the house, notes receivable etc.

- _____ \$ _____

- _____ \$ _____

- _____ \$ _____

- _____ \$ _____

(Place an asterisk (*) by any debt or mortgage which is covered by credit life insurance.)

10. (a) Life Insurance on Husband's life

Insurance Company and <u>Policy No.</u>	<u>Owner</u>	Face Amount <u>of Policy</u>	Date of <u>Issue</u>	<u>Present Beneficiary</u>		Amount of Accidental Death <u>Provisions</u>
				<u>Primary</u>	<u>Contingent</u>	

(b) Life Insurance on Wife's life.

Amount of

Insurance Company and <u>Policy No.</u>	<u>Owner</u>	Face Amount <u>of Policy</u>	Date of <u>Issue</u>	<u>Present Beneficiary</u>		Accidental Death <u>Provisions</u>
				<u>Primary</u>	<u>Contingent</u>	

LIABILITIES

- 1. Average accounts payable (including monthly bills) \$ _____
 - 2. Any loans or debts other than those mortgages shown above - (describe)
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

(Place an asterisk (*) by any debt or mortgage which is covered by credit life insurance.)

INCOME, INCLUDING DEFERRED INCOME AND COMPENSATION

Husband's salary \$ _____/year

Wife's salary \$ _____/year

Any income in excess of Husband and Wife's salaries - (describe source(s))

_____ \$ _____

_____ \$ _____

List any benefits to which Husband or Wife are entitled or will be entitled. Mark Husband's benefits "H" and mark Wife's benefits "W". (Examples: Pension Plan, Thrift Plan, etc.)

	<u>Value, if known</u>	<u>Present and Contingent Beneficiaries</u>
_____ Pension Plan	\$ _____	
_____ Thrift Plan	\$ _____	
_____ Profit-Sharing Plan	\$ _____	

_____ Social Security \$ _____

Other (describe) - such as Government
Disability, Retirement Pay, Teacher's
Retirement, Individual Retirement
Account, 401(k), Annuities, etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

At what rate do you anticipate your estates and property will increase (or decrease) on an annual basis (i.e., do you typically see your cumulative estates grow 4% annually, etc)?

Do you own any property located outside of Texas? _____ If so, describe:
(Yes or No)

Have either Husband or Wife inherited property and/or received property as a gift, or have any such expectation?

If so, describe and give approximate values.

Have you always lived in Texas? _____ If not, when did you move to Texas? _____ (Year)

Please list locations (by year) of your out-of-state residences. _____

Do you have a safety deposit box? _____ If so, what bank? _____

What is held in such safety deposit box? _____

Have Husband or Wife ever filed gift tax returns? _____ If so, please attach all such returns.

Does Husband or Wife give property currently to charity, or have any desire to do so now or in the future

(including by Will)? _____ If yes, please describe the nature and extent of current gifts and/or the anticipated future gifts.

List below any charity, including a church, college or other institution that you wish to remember in your Will.

Amount or percentage gift _____

List below the name, age, relationship and address of the person (or the name and address of the Bank) that you wish to have serve in the capacities indicated:

Husband's Will

Executor _____

Alternate Executor(s) _____

Trustee _____

Alternate Trustee _____

Guardian for minor children _____

Alternate Guardian for minor children _____

Wife's Will

Executor _____

Alternate Executor(s) _____

Trustee _____

Alternate Trustee _____

Guardian for minor children _____

Alternate Guardian for minor children _____

List below the name, age, relationship and address of any person who has not been mentioned above in this Will Fact Sheet but is to receive property under Husband or Wife's Will, and indicate the property each person is to receive.

DISPOSITION OF PROPERTY

In your own words, describe the way you want your property to pass under your will: (Use back of sheet if necessary.)

HUSBAND

(a) If your spouse survives you (specify whether gifts are to be outright or in trust).

(b) If your spouse does not survive you (specify whether gifts are to be outright or in trust).

(c) Do you wish to use trusts to save estate taxes at your spouse's death (assuming you are the first to die)? At your children's deaths?

(d) Who should inherit your property if your spouse and all of your descendants are gone?

WIFE

(a) If your spouse survives you (specify whether gifts are to be outright or in trust).

(b) If your spouse does not survive you (specify whether gifts are to be outright or in trust).

(c) Do you wish to use trusts to save estate taxes at your spouse's death (assuming you are the first to die)? At your children's deaths?

(d) Who should inherit your property if your spouse and all of your descendants are gone?

Are all of the persons whose names appear on this form citizens of the U.S.? _____

If not, indicate who the noncitizens are in the "Remarks" section.

List below the name, address and telephone number of:

(a) Your insurance agent: _____

(b) The accountant or other person who prepares your income tax return: _____

(c) Your Bank or Trust Officer: _____

(d) Your lawyer: _____

Remarks: (Use back of sheet if necessary.)

Special Issues:

Indicate whether you would like to execute the following documents:

1. Power of Attorney (for asset management). _____
2. Health Care Power of Attorney. _____
3. Living Will. _____
4. Designation of Guardian In the Event of Later Incompetence. _____