



LIVING REVOCABLE TRUST INTAKE SHEET
--CONFIDENTIAL ESTATE QUESTIONNAIRE/PLANNER/ORGANIZER--

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Date: _____

1. PERSONAL DATA

Information	Husband	Wife
Name – list full legal name		
Home Address		
Cell/Home Phone:		
Work Phone		
e-mail address:		
Can we send you documents by e-mail for review?		
Birth date:		
Occupation:		
Citizen of what country?		
Is this your first marriage? If not, please state how prior marriage ended (divorce, etc)		
Please describe any major health problems?		

2. CHILDREN AND OTHER DEPENDENTS

Full Name(s) and Address(es)	Date of birth	Adopted? (Y/N)	U.S. citizen?	Relation

Do you have any children by prior marriages? If yes, please give the same information as above.

Are any children in poor health, physically or mentally handicapped, or have special needs?

3. Additional questions: Please check yes or no for each of the following statements:

Do you want to avoid probate?	Yes	No
Do you want to make gifts to charity?	Yes	No
Have you made gifts of more than \$10,000 to any person in any single year?	Yes	No
Do you have assets in another state?	Yes	No
Do you feel confident that your beneficiaries can handle the assets that you plan to give them?	Yes	No

Do you want to protect the assets you give to your beneficiaries from the beneficiaries creditors (divorced spouse, judgements, etc) to the greatest extent possible?	Yes	No
If your spouse survives you, should your trust assets primarily benefit your spouse, rather than your children?	Yes	No

4. Designations-Who would you name to the following jobs?

Job description	Husband	Wife
Guardian: Who would take care of your children under age 18?		
Successor guardian:		
Executor		
Successor trustee/executor		
Agent under property power of attorney		
Successor agent under property power of attorney		
Agent under medical power of attorney		
Successor agent under health care power of attorney		
Trustee		
Successor trustee		

If you died without descendants, who would get your property? (Some possibilities: brothers and sisters, nieces and nephews, charities):

5. ASSETS

Please give your best estimate of what you believe your assets are worth. You do not need to be precise. You may omit the portions that do not apply. Describe your property. State the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

A. **CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.):

CASH:

Cash on hand: _____

Traveler's checks: _____

Money orders: _____

FINANCIAL ACCOUNTS:

1. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

2. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

3. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

4. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

5. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

6. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

7. Name of financial institution: _____

Account title: _____

Account number: _____

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

Current account balance (as of _____): \$ _____

- B. 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.)

Personal Residence:

Street address: _____

State/County of location: _____

How is title to your residence held? (Joint with spouse, tenancy by entirety, husband, wife)

When did you buy your home? _____ What was the purchase price? _____

Please state the current amount of any mortgage? _____

Legal description (attach a copy to this worksheet, if necessary):

What is the estimate present value of your home? _____

Other Real Property:

Please provide information on any other real property you own. If more space is needed, use a separate sheet of paper			
	Husband	Wife	Joint
Address/Location (City, County, State)			
Type of property (factory, vacation home, farm, vacant land, etc.)			
How titled/owned? (Joint, separate, in land trust)			
If jointly owned, source of funds?			
Date acquired?			
Purchase price?			
Name of mortgage company and account number, if any			
Current balance of mortgage			
Present value?			



Please provide information on any other real property you own. If more space is needed, use a separate sheet of paper

	Husband	Wife	Joint
Address/Location (City, County, State)			
Type of property (factory, vacation home, farm, vacant land, etc.)			
How titled/owned? (Joint, separate, in land trust)			
If jointly owned, source of funds?			
Date acquired?			
Purchase price?			
Name of mortgage company and account number, if any			
Current balance of mortgage			
Present value?			

C. BROKERAGE /MUTUAL FUND ACCOUNTS:

1. 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 _____)\$ _____

2. 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 _____)\$ _____

3. 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 _____)\$ _____

4. 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 _____)\$ _____

5. 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 _____)\$ _____

D. STOCKS, BONDS, & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund):

1. 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 _____): \$ _____

2. 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 _____): \$ _____

3. 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 _____): \$ _____

4. 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 _____): \$ _____

5. 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 _____): \$ _____

E. MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart 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):

1. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

2. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

3. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

4. Name of mineral interest/lease/well: _____

Type of interest: _____

State/County of location: _____

Legal description (if necessary, attach a copy to this worksheet):

Name of producer/operator: _____

Current value (as of _____): \$ _____

F. CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

1. Name of business: _____
 Type of business entity (S corp, C corp, partnership, LLC, etc): _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Book Value (based on tax returns: _____
 Total Value of Real Estate (if applicable): _____
 Market Value (as of _____): \$ _____

2. Name of business: _____
 Type of business entity (S corp, C corp, partnership, LLC, etc): _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Book Value (based on tax returns: _____
 Total Value of Real Estate (if applicable): _____
 Market Value (as of _____): \$ _____

3. Name of business: _____
 Type of business entity (S corp, C corp, partnership, LLC, etc): _____
 Percentage of ownership: _____
 Number of shares owned (if applicable): _____
 Book Value (based on tax returns: _____
 Total Value of Real Estate (if applicable): _____
 Market Value (as of _____): \$ _____

G. NOTES AND LOAN RECEIVABLES (Loans You Made to Others)

1. Name of Person Who Owes You for loan: _____
 Payable to: _____
 Original Balance: _____ Current Balance: _____
 Monthly payments: _____ Interest Rate: _____
 Do you expect to be fully repaid? _____

2. Name of Person Who Owes You for loan: _____
 Payable to: _____
 Original Balance: _____ Current Balance: _____
 Monthly payments: _____ Interest Rate: _____
 Do you expect to be fully repaid? _____

H. BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. RETIREMENT BENEFITS: (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.):

Name of plan: _____

Name and address of plan administrator: _____

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 _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

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 _____): \$ _____

Name of plan: _____

Name and address of plan administrator: _____

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 _____): \$ _____

J. LIFE INSURANCE:

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____

Policy number: _____

Name of owner: _____

Name of insured: _____

Designated beneficiary: _____

Date of issue: _____

Type of insurance: [term/whole/universal] Face amount: \$ _____

Amount of premiums [monthly/quarterly/semiannually]: \$ _____

Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] **Face amount:** \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

K. ANNUITIES:

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]: \$ _____
Current value (as of _____): \$ _____

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]: \$ _____
Current value (as of _____): \$ _____

L. MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles):

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 _____): \$ _____
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 _____): \$ _____
 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 _____): \$ _____
 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 _____): \$ _____
 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 _____): \$ _____
 Current net equity in vehicle: \$ _____

M. OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.):

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____
 Owner: _____
 Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

N. 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: _____

