

# **ESTATE PLANNING INTAKE FORM**

**PERSONAL & CONFIDENTIAL**



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[www.leighhilton.net](http://www.leighhilton.net)**

**This form should be filled out as completely as possible. Please return it to our office before your initial appointment. You may drop off the form at our Denton Office or email to [Team@LeighHilton.net](mailto:Team@LeighHilton.net).**

**I. PERSONAL INFORMATION**

**A. SELF**

Name (as it appears on your driver's license):

\_\_\_\_\_

(First) (Middle) (Last)

Prefer to be called: \_\_\_\_\_

Current Permanent Address: \*\*Do you have a different mailing address? YES or NO:

\_\_\_\_\_

Street City County State Zip code

\_\_\_\_\_

Street City County State Zip code

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

E-mail contact OK? Yes  No

Referred to our office by: \_\_\_\_\_

Veteran: Yes  No

**B. SPOUSE (if applicable, if not go to page 3)**

Name (as it appears on your driver's license):

\_\_\_\_\_

(First) (Middle) (Last)

Prefer to be called: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Anniversary Date: \_\_\_\_\_ E-mail contact OK? Yes  No

Veteran: \_\_\_\_\_

**C. CHILDREN (if applicable, if not go to D on p. 4)**

1. Name: \_\_\_\_\_ Circle one: male/ female  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Circle one: his child/ her child/ joint child

Address: \_\_\_\_\_  
Street City State Zip code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this child married? Spouse's name: \_\_\_\_\_

Does this child have children? If yes, please provide their names and ages below

\_\_\_\_\_  
\_\_\_\_\_

Special Needs/Considerations for this child or their children: \_\_\_\_\_

2. Name: \_\_\_\_\_ Circle one: male/ female  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Circle one: his child/ her child/ joint child

Address: \_\_\_\_\_  
Street City State Zip code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this child married? Spouse's name: \_\_\_\_\_

Does this child have children? If yes, please provide their names and ages below

\_\_\_\_\_  
\_\_\_\_\_

Special Needs/Considerations for this child or their children: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Circle one: male/ female  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Circle one: his child/ her child/ joint child

Address: \_\_\_\_\_  
Street City State Zip code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this child married? Spouse's name: \_\_\_\_\_

Does this child have children? If yes, please provide their names and ages below

\_\_\_\_\_  
\_\_\_\_\_

Special Needs/Considerations for this child or their children: \_\_\_\_\_

\_\_\_\_\_

4. Name: \_\_\_\_\_ Circle one: male/ female  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Circle one: his child/ her child/ joint child

Address: \_\_\_\_\_  
Street City State Zip code

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this child married? Spouse's name: \_\_\_\_\_

Does this child have children? If yes, please provide their names and ages below

\_\_\_\_\_  
\_\_\_\_\_

Special Needs/Considerations for this child or their children: \_\_\_\_\_

\_\_\_\_\_

5. Do you have any children that have passed away? No  Yes

If yes, did they leave any surviving children? Yes  No

#### D. IMPORTANT FAMILY QUESTIONS

If you answer yes to any of the following questions, please elaborate in the space provided.

1. Are you (or your spouse, if applicable) receiving Social Security, Disability, or other governmental benefits? No  Yes  If yes, \_\_\_\_\_

\_\_\_\_\_

2. Do any of your children receive governmental support or benefits? No  Yes   
If yes, \_\_\_\_\_
3. Do you provide primary or other major financial support to adult children or others?  
No  Yes  If yes, \_\_\_\_\_
4. Are there any charitable organizations you wish to make provisions for at the time of your death? No  Yes   
If yes, \_\_\_\_\_

**E. FINANCIAL AND BUSINESS ADVISORS**

1. Do you have an Accountant? No  Yes   
If yes, please provide their name: \_\_\_\_\_
2. Do you have a Financial Advisor? No  Yes   
If yes, please provide their name: \_\_\_\_\_

**F. ESTATE**

Please estimate the value of your estate (including life insurance):

- Less than or equal to \$500,000
- Greater than \$500,000 but less than \$3,000,000
- Greater than \$3,000,000

**G. FUTURE EVENTS**

Are you expecting a future event that may impact your finances?

1. Inheritance? No  Yes   
Any additional details you can provide: \_\_\_\_\_
2. Retirement? No  Yes   
Any additional details you can provide: \_\_\_\_\_
3. Job Change? No  Yes   
Any additional details you can provide: \_\_\_\_\_

**II. ASSETS**

**A. REAL ESTATE**

1. Do you own any real property that is not located in the State of Texas? Yes  No   
If yes, please provide the address of the property \_\_\_\_\_  
\_\_\_\_\_

2. Real Property located in Texas

Address (including county)	Approx. Value	Debt
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Are you currently receiving income from Oil & Gas Royalties? If so, please provide the following information:

County	Approx. Yearly Income	Name of Oil Company
_____	_____	_____
_____	_____	_____

**B. BANK ACCOUNTS** (Checking and Savings *not* Retirement or other Investments)

Owner Name(s)	Approx. Value	Name of Institution
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

**C. QUALIFIED RETIREMENT ACCOUNTS** (401k, IRA, SEP, Roth, Rollover, etc.)

Owner Name	Approx. Value	Type (IRA, 401K, etc.)	Custodian (Bank, Broker, etc.)
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____

**D. SAVINGS AND INVESTMENT ACCOUNTS** (CD's, Mutual Funds, Stocks, Bonds, ETF's, Annuities, etc.)

	Owner Name	Approx. Value	Type of Investment
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____

**E. LIFE INSURANCE**

	Owner Name	Insured Name	Type (Term, Whole Life)	Death Benefit
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

**F. BUSINESS ENTITIES**

	Structure (LLC, Corp., Partnership etc.)	Type of Work	Do you have business partners?	Approx. Value
1.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
2.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
3.	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

Leigh Hilton, PLLC

**PLEASE TAKE A MOMENT TO COMPLETE**

Taking care of your estate plan is just *one* step toward achieving financial security for you and your loved ones. Please take the quick “quiz” below. If you check any “No” boxes, you may need help with some *other* important planning areas where we or our affiliated advisors can assist you.

*If you're not sure about any answer, circle “No”.*

Have you looked at strategies that can reduce your income taxes by up to 50%?

**YES NO**

Are you sure your assets will give you all the income that you will need to maintain your lifestyle for the rest of your life?

**YES NO**

Do you know where to put your “CD” money to earn more interest than banks offer, while also keeping your money “safe”?

**YES NO**

If you own rental property, do you know how to increase your net cash flow without having to sell the property and pay capital gains taxes?

**YES NO**

If you have an IRA, have you fully evaluated the Roth conversion based on new laws?

**YES NO**

If you own life insurance, have you had a review of your policies within the last three years to explore whether you can reduce your premiums, increase your benefit or even sell them at a substantial profit?

**YES NO**



## THINGS TO THINK ABOUT

In our initial fact-finding meeting with you, we will be discussing your choices of Executor of your estate, Trustee of any trusts created by you and Guardian of your minor children, if any. To assist you in contemplating your choices, below are definitions of the various fiduciary positions that will be included in your estate planning documents.

A. An **Executor** is a person appointed by a testator/testatrix to carry out the directions and requests in his or her Will, and to dispose of the property according to his or her testamentary provisions after his or her death. While not required, in instances involving married couples, the surviving spouse is most often named to fill this position.

*The Texas Probate Code, Section 78, states that no person is qualified to serve as an Executor or Administrator who is:*

- (1) An incapacitated person;
- (2) A convicted felon, under the laws either of the United States or of any state or territory of the United States, or of the District of Columbia, unless such person has been duly pardoned, or his civil rights restored, in accordance with law;
- (3) A non-resident (natural person or corporation) of this State who has not appointed a resident agent to accept service of process in all actions or proceedings with respect to the estate, and caused such appointment to be filed with the court;
- (4) A corporation not authorized to act as a fiduciary in this State; or
- (5) A person whom the Court finds unsuitable.

B. A **Trustee** is the person appointed by or acting under a Will, to execute a trust; one in whom an estate, interest, or power is vested, under an express or implied agreement to administer or exercise it for the benefit or the use of another person.

C. A **Guardian** is a person who is traditionally appointed by the Last Will of a minor child's mother or father and legally has the care and management of the person, or the estate, or both, of said child during his or her minority.

We will also ask you to name who you wish to act as your agent(s) on your Powers of Attorney for business/financial decisions and medical treatment decisions. Please be thinking about your choices for those positions as well.