

**3-5 YEAR REVIEW  
ESTATE PLANNING  
INTAKE FORM**

**PERSONAL & CONFIDENTIAL**



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**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 drivers license):

\_\_\_\_\_

(First) (Middle) (Last)

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

Current Permanent Address:

\_\_\_\_\_

Street City County State Zip code

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

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

E-mail contact OK? Yes  No

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

**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: \_\_\_\_\_
3. Do you have an Investment Broker? No  Yes   
If yes, please provide their name: \_\_\_\_\_
4. Do you have any Other Advisors? 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
_____	_____	_____
_____	_____	_____