

INDIVIDUAL PRELIMINARY INFORMATION

(NOTE: For ALL names on this questionnaire, please use the full legal name or the name as you would prefer it to appear in your documents (e.g., it is most common to use full first names with middle initials))

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

JR., SR., II, III? _____

BIRTH DATE: _____

SSN: _____

HOME ADDRESS: _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____ FAX: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

May we e-mail draft documents to you rather than send by regular mail? Yes ___ No ___

NS Nance & Simpson, L.L.P.

2603 Augusta, Suite 1000
Houston, Texas 77057
(713) 520-9100 (Phone)
(713) 520-5109 (Fax)
www.nancesimpson.com

of Grandkids

CHILDREN:	(1)	_____	AGE:	_____	_____
address:		_____			

phone:		_____			
	(2)	_____	_____	_____	
address:		_____			

phone:		_____			
	(3)	_____	_____	_____	
address:		_____			

phone:		_____			
	(4)	_____	_____	_____	
address:		_____			

phone:		_____			
	(5)	_____	_____	_____	
address:		_____			

phone:		_____			

Do any of your children or grandchildren have special needs? **Yes ___ No ___** (If yes, indicate which children or grandchildren)

Is it reasonably possible for you to have or adopt additional children? **Yes ___ No ___**

Are you currently a beneficiary of a trust (now in existence) created by someone else? **Yes ___ No ___**
(If yes, please provide us a copy of the relevant trust agreement)

Have you ever made a taxable gift in excess of the federal annual exclusion OR previously filed a federal gift tax return (Form 709)? **Yes ___ No ___**

Are you a United States Citizen? **Yes ___ No ___**



2603 Augusta, Suite 1000
Houston, Texas 77057
(713) 520-9100 (Phone)
(713) 520-5109 (Fax)
www.nancesimpson.com

ASSET INFORMATION	VALUE	COMMENTS
Life Insurance	_____	_____
IRAs, 401(k)s, Profit Sharing, etc.	_____	_____
Residence	_____	_____
Other Real Estate	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____
Cash, CDs, Savings, Checking	_____	_____
Notes Where People Owe You Money	_____	_____
Business Interests	_____	_____
Other	_____	_____
TOTAL ESTATE	_____	

Did anyone refer you? Yes _____ No _____ If yes, whom may I thank? _____

Would you like for this referral source to be copied on correspondence? Yes ___ No ___

If you own a business, what legal entity is the business (e.g., sole proprietorship, corporation, partnership, LLC, etc.)?

What topics would you like to discuss at your appointment?



2603 Augusta, Suite 1000
Houston, Texas 77057
(713) 520-9100 (Phone)
(713) 520-5109 (Fax)
www.nancesimpson.com

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

(The Executor is the personal representative who will windup your affairs, pay remaining debts, and distribute property to the persons/trusts named in your Will.)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS THE TRUSTEE OF THE TRUSTS CREATED UNDER YOUR WILL FOR YOUR CHILDREN (if any trusts are created)?

(The Trustee is the fiduciary in charge of holding, managing, investing and distributing trust property, and is often the same person(s) as your Executor.)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR MINOR CHILDREN (if applicable)?

(Two persons can serve together as long as they are married.)

Name(s)	Relationship
1. _____	_____
2. _____	_____
3. _____	_____



2603 Augusta, Suite 1000
Houston, Texas 77057
(713) 520-9100 (Phone)
(713) 520-5109 (Fax)
www.nancesimpson.com

WHO DO YOU WANT TO NAME AS AGENT ON YOUR STATUTORY DURABLE POWER OF ATTORNEY? (This power of attorney is for financial and business matters. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to transfer money, sign a deed, or sign a tax return.)

Name(s)	Relationship
1. _____ Address: _____ _____	_____
2. _____ Address: _____ _____	_____
3. _____ Address: _____ _____	_____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY?

1. _____ Address: _____ _____
Phone: _____
2. _____ Address: _____ _____
Phone: _____
3. _____ Address: _____ _____
Phone: _____