

## 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](http://www.nancesimpson.com)

**# of Grandkids**

<b>CHILDREN:</b>	<b>(1)</b>	_____	<b>AGE:</b>	_____	_____
	<b>address:</b>	_____			
		_____			
	<b>phone:</b>	_____			
	<b>(2)</b>	_____	_____	_____	
	<b>address:</b>	_____			
		_____			
	<b>phone:</b>	_____			
	<b>(3)</b>	_____	_____	_____	
	<b>address:</b>	_____			
		_____			
	<b>phone:</b>	_____			
	<b>(4)</b>	_____	_____	_____	
	<b>address:</b>	_____			
		_____			
	<b>phone:</b>	_____			
	<b>(5)</b>	_____	_____	_____	
	<b>address:</b>	_____			
		_____			
	<b>phone:</b>	_____			

**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 \_\_\_**



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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	_____	_____
<b>TOTAL ESTATE</b>	_____	

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.)?

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What topics would you like to discuss at your appointment?

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**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. _____	_____



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**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: _____