

**MARJORIE S. SCHULTZ & ASSOCIATES**

Attorneys At Law

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FACT SHEET

(Please Print)

HUSBAND

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If no, citizenship \_\_\_\_\_

Condition of Health \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

WIFE

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_  
(First) (Middle) (Last)

Cell Phone \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If no, citizenship \_\_\_\_\_

Condition of Health \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

If either Husband or Wife has been married before, please furnish the following information as to each prior marriage below: (1) name of former spouse, (2) time and place of the marriage, (3) place, date, and cause (death, divorce, etc.) of termination of the marriage. (Use reverse side of sheet if necessary.)

**CHILDREN**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of spouse \_\_\_\_\_  
(First) (Middle) (Last)

If children, names and ages \_\_\_\_\_

Present address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupation, if any \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email Address \_\_\_\_\_

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2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of spouse \_\_\_\_\_  
(First) (Middle) (Last)

If children, names and ages \_\_\_\_\_

Present address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupation, if any \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email Address \_\_\_\_\_

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3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of spouse \_\_\_\_\_  
(First) (Middle) (Last)

If children, names and ages \_\_\_\_\_

Present address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupation, if any \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email Address \_\_\_\_\_

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4. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(First) (Middle) (Last)

If married, name of spouse \_\_\_\_\_  
(First) (Middle) (Last)

If children, names and ages \_\_\_\_\_

Present address, if different from yours \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Occupation, if any \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email Address \_\_\_\_\_

(If additional space is needed, please list the same information for each additional child on this sheet.)

(If any child listed is not a child of your present marriage, please place an asterisk (\*) beside such child's name, and furnish any additional information below, or on the reverse side of this sheet if necessary.)

## FINANCIAL INFORMATION

**ASSETS** (indicate if any assets are held as separate property of either spouse ("SPH" or "SPW"), as joint tenants with rights of survivorship ("JTWROS") or in payable on death accounts ("POD"))

1. Average cash balance  
(including savings, certificates of deposit and other cash equivalents) \$ \_\_\_\_\_
  
2. Bonds (detail on separate listing) \$ \_\_\_\_\_
  
3. Stocks (detail on separate listing) \$ \_\_\_\_\_
  
4. Business Interests (detail on separate listing) \$ \_\_\_\_\_
  
5. Residence  
Value \$ \_\_\_\_\_  
Less Mortgage \$ \_\_\_\_\_  
Real Equity \$ \_\_\_\_\_
  
6. Other Real Estate (describe)  
Value \$ \_\_\_\_\_  
Less Mortgage \$ \_\_\_\_\_  
Real Equity \$ \_\_\_\_\_  
  
Value \$ \_\_\_\_\_  
Less Mortgage \$ \_\_\_\_\_  
Real Equity \$ \_\_\_\_\_  
  
Value \$ \_\_\_\_\_  
Less Mortgage \$ \_\_\_\_\_  
Real Equity \$ \_\_\_\_\_
  
7. Autos, Boats or Planes  
Value \$ \_\_\_\_\_

Less Loan Amount \$ \_\_\_\_\_

Real Equity \$ \_\_\_\_\_

Value \$ \_\_\_\_\_

Less Loan Amount \$ \_\_\_\_\_

Real Equity \$ \_\_\_\_\_

Value \$ \_\_\_\_\_

Less Loan Amount \$ \_\_\_\_\_

Real Equity \$ \_\_\_\_\_

**ASSETS** *(Continued)*

8. Livestock \$ \_\_\_\_\_
9. Other assets, including furnishings  
of the house, notes receivable etc.
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

(Place an asterisk (\*) by any debt or mortgage which is covered by credit life insurance.)

10. (a) Life Insurance on Husband's life

| Insurance         |              |                  |              |                     | Amount of         |                   |
|-------------------|--------------|------------------|--------------|---------------------|-------------------|-------------------|
| Company and       |              | Face Amount      | Date of      | Present Beneficiary |                   | Accidental        |
| <u>Policy No.</u> | <u>Owner</u> | <u>of Policy</u> | <u>Issue</u> | <u>Primary</u>      | <u>Contingent</u> | Death             |
|                   |              |                  |              |                     |                   | <u>Provisions</u> |

(b) Life Insurance on Wife's life.

Amount of

| Insurance         |              |                  |              |                     |                   | Accidental        |
|-------------------|--------------|------------------|--------------|---------------------|-------------------|-------------------|
| Company and       |              | Face Amount      | Date of      | Present Beneficiary |                   | Death             |
| <u>Policy No.</u> | <u>Owner</u> | <u>of Policy</u> | <u>Issue</u> | <u>Primary</u>      | <u>Contingent</u> | <u>Provisions</u> |



**LIABILITIES**

- 1. Average accounts payable (including monthly bills) \$ \_\_\_\_\_
  - 2. Any loans or debts other than those mortgages shown above - (describe)
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

(Place an asterisk (\*) by any debt or mortgage which is covered by credit life insurance.)

**INCOME, INCLUDING DEFERRED INCOME AND COMPENSATION**

Husband's salary \$ \_\_\_\_\_/year

Wife's salary \$ \_\_\_\_\_/year

Any income in excess of Husband and Wife's salaries - (describe source(s))

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

List any benefits to which Husband or Wife are entitled or will be entitled. Mark Husband's benefits "H" and mark Wife's benefits "W". (Examples: Pension Plan, Thrift Plan, etc.)

|                           | <u>Value, if known</u> | <u>Present and Contingent Beneficiaries</u> |
|---------------------------|------------------------|---|
| _____ Pension Plan        | \$ _____               |   |
| _____ Thrift Plan         | \$ _____               |   |
| _____ Profit-Sharing Plan | \$ _____               |   |

\_\_\_\_\_ Social Security \$ \_\_\_\_\_

Other (describe) - such as Government  
Disability, Retirement Pay, Teacher's  
Retirement, Individual Retirement  
Account, 401(k), Annuities, etc.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

At what rate do you anticipate your estates and property will increase (or decrease) on an annual basis (i.e., do you typically see your cumulative estates grow 4% annually, etc)?

\_\_\_\_\_

Do you own any property located outside of Texas? \_\_\_\_\_ If so, describe:  
(Yes or No)

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Have either Husband or Wife inherited property and/or received property as a gift, or have any such expectation?

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If so, describe and give approximate values.

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Have you always lived in Texas? \_\_\_\_\_ If not, when did you move to Texas? \_\_\_\_\_ (Year)

Please list locations (by year) of your out-of-state residences.

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Do you have a safety deposit box? \_\_\_\_\_ If so, what bank? \_\_\_\_\_

What is held in such safety deposit box? \_\_\_\_\_

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Have Husband or Wife ever filed gift tax returns? \_\_\_\_\_ If so, please attach all such returns.

Does Husband or Wife give property currently to charity, or have any desire to do so now or in the future

(including by Will)? \_\_\_\_\_ If yes, please describe the nature and extent of current gifts and/or the anticipated future gifts.

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List below any charity, including a church, college or other institution that you wish to remember in your Will.

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Amount or percentage gift \_\_\_\_\_

List below the name, age, relationship and address of the person (or the name and address of the Bank) that you wish to have serve in the capacities indicated:

**Husband's Will**

Executor \_\_\_\_\_

Alternate Executor(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trustee \_\_\_\_\_

\_\_\_\_\_

Alternate Trustee \_\_\_\_\_

\_\_\_\_\_

Guardian for minor children \_\_\_\_\_

\_\_\_\_\_

Alternate Guardian for minor children \_\_\_\_\_

\_\_\_\_\_

**Wife's Will**

Executor \_\_\_\_\_

Alternate Executor(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trustee \_\_\_\_\_  
\_\_\_\_\_

Alternate Trustee \_\_\_\_\_  
\_\_\_\_\_

Guardian for minor children \_\_\_\_\_  
\_\_\_\_\_

Alternate Guardian for minor children \_\_\_\_\_  
\_\_\_\_\_

List below the name, age, relationship and address of any person who has not been mentioned above in this Will Fact Sheet but is to receive property under Husband or Wife's Will, and indicate the property each person is to receive.

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DISPOSITION OF PROPERTY

In your own words, describe the way you want your property to pass under your will: (Use back of sheet if necessary.)

HUSBAND

(a) If your spouse survives you (specify whether gifts are to be outright or in trust).

(b) If your spouse does not survive you (specify whether gifts are to be outright or in trust).

(c) Do you wish to use trusts to save estate taxes at your spouse's death (assuming you are the first to die)? At your children's deaths?

(d) Who should inherit your property if your spouse and all of your descendants are gone?

WIFE

(a) If your spouse survives you (specify whether gifts are to be outright or in trust).

(b) If your spouse does not survive you (specify whether gifts are to be outright or in trust).

(c) Do you wish to use trusts to save estate taxes at your spouse's death (assuming you are the first to die)? At your children's deaths?

(d) Who should inherit your property if your spouse and all of your descendants are gone?



Are all of the persons whose names appear on this form citizens of the U.S.? \_\_\_\_\_

If not, indicate who the noncitizens are in the "Remarks" section.

List below the name, address and telephone number of:

(a) Your insurance agent: \_\_\_\_\_  
\_\_\_\_\_

(b) The accountant or other person who prepares your income tax return: \_\_\_\_\_  
\_\_\_\_\_

(c) Your Bank or Trust Officer: \_\_\_\_\_  
\_\_\_\_\_

(d) Your lawyer: \_\_\_\_\_  
\_\_\_\_\_

Remarks: (Use back of sheet if necessary.)

Special Issues:

Indicate whether you would like to execute the following documents:

1. Power of Attorney (for asset management). \_\_\_\_\_
2. Health Care Power of Attorney. \_\_\_\_\_
3. Living Will. \_\_\_\_\_
4. Designation of Guardian In the Event of Later Incompetence. \_\_\_\_\_