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Attorneys At Law

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FACT SHEET
(Please Print)

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 _____
(Yes or No)

Condition of Health _____

Employer _____ Position _____

Business Address _____
(Street) (City) (State) (Zip Code)

Business Phone _____ Business Fax _____

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 _____

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 _____

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 _____

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 _____

FINANCIAL INFORMATION

ASSETS

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		\$	
		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		\$	
		Value	\$		
		Less Loan Amount	\$		
		Real Equity		\$	

ASSETS (Continued)

8. Livestock \$ _____

1. Benefits (see below for detail) \$ _____

10. 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.)

11. (a) Life Insurance on your life

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

Your salary \$ _____/year

Any income in excess of your salaries - (describe source(s))

_____ \$ _____

_____ \$ _____

List any benefits to which you are entitled or will be entitled. (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)

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

If so, describe and give approximate values.

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. _____

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

What is held in such safety deposit box? _____

Have you ever filed gift tax returns? _____ If so, please attach all such returns.

Does your 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.

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

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:

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 your Will, and indicate the property each person is to receive.

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.)

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. _____