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**PERSONAL AND CONFIDENTIAL
ESTATE PLANNING INTAKE QUESTIONNAIRE**

TODAYS DATE: _____

I. PERSONAL AND FAMILY DATA

A. Personal Information

Name _____
(First) (Middle) (Last)

Social Security No. _____ Driver's License No./State _____

Home Address:

(Street) (City) (State) (Zip Code)

County of Residence _____

Date of Birth _____ Place of Birth _____

Resident of Texas Since _____

Employer _____ Position _____

Business Address:

(Street) (City) (State) (Zip Code)

Home Phone _____ Office Phone _____ Fax _____

Mobile _____ Beeper _____ Email _____

Name of Child's Children (Include Ages and DOBs): _____

3. Circle One: Born of Current or Most Recent Marriage Prior Marriage Adopted

Name _____ Age _____ DOB _____

Home Address:

 (Street) (City) (State) (Zip Code)

Child's Phone Number _____ Child's Social Security No. _____

Name of Child's Spouse _____ Age of Spouse _____ DOB _____

Name of Child's Children (Include Ages and DOBs): _____

4. Circle One: Born of Current or Most Recent Marriage Prior Marriage Adopted

Name _____ Age _____ DOB _____

Home Address:

 (Street) (City) (State) (Zip Code)

Child's Phone Number _____ Child's Social Security No. _____

Name of Child's Spouse _____ Age of Spouse _____ DOB _____

Name of Child's Children (Include Ages and DOBs): _____

If there are any special circumstances with respect to any children or grandchildren (health status, special education requirements, etc.), please so indicate.

C. Other Financially Dependent

NAME ADDRESS AGE RELATIONSHIP OCCUPATION COMMENTS

D. Other Family Members

1. Parents

	Father	Mother
Living?		
Name		
Age		
Address		
Phone No.		
Health		
Occupation		

2. Brother and Sisters

NAME ADDRESS AGE PHONE NO. MARRIED?

Comments or unique family circumstances not indicated above:

I. FINANCIAL DATA

On the reverse side of this page, please indicate (i) whether any assets were owned before marriage or acquired thereafter by gift or inheritance and (ii) the manner in which bank accounts, deposit certificates and securities are registered.

A. Assets	<u>Approximate Value</u>
1. Average cash balance (including savings, deposit certificates, etc.)	\$ _____
2. Securities (stocks, bonds, mutual funds, etc.)	
a. 401(k)/IRAs (in husband's name)	
Institution _____	\$ _____
Institution _____	\$ _____
Institution _____	\$ _____
b. 401(k)/IRAs (in wife's name)	
Institution _____	\$ _____
Institution _____	\$ _____
Institution _____	\$ _____
c. Other Securities (excluding 401(k)/IRAs)	
Institution _____	\$ _____
Institution _____	\$ _____
Institution _____	\$ _____
3. Residence	
(Deed Description)	
_____	Value \$ _____
_____	Less Mortgage \$ _____
_____	Real Equity \$ _____
4. Other Real Estate	
a. (Describe)	
_____	Value \$ _____
_____	Less Mortgage \$ _____
_____	Real Equity \$ _____

b. (Describe)	
_____	Value \$ _____
_____	Less Mortgage \$ _____
_____	Real Equity \$ _____

5. Automobiles, Boats, or Planes

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Livestock

_____	\$ _____
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7. Other Assets (including unusually valuable house-hold furnishings)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. 529 Accounts

_____	\$ _____
_____	\$ _____

9. Life Insurance

Insurance Company	Policy No.	Face Amount of Policy	Date of Issue	Primary Beneficiary	Contingent Beneficiary	Amount of Accidental Death Provisions

If any life insurance policy listed above is owned by someone other than insured (spouse, business, etc.), please indicate by asterisk (*) and provide details below:

10. Employment Benefits (other than 401(k) or roll-over IRAs)

On reverse side of this page, please indicate the beneficiary who has been named to receive any death benefits from any such plan, and the manner in which such payments are to be made (i.e., lump sum, annuity, etc.).

Pension Plan \$ _____

Thrift Plan \$ _____

Profit-Sharing Plan \$ _____

Other (describe, such as government disability, retirement pay, teacher's retirement, stock option, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Person to contact for information at place of employment:

11. Inheritances.

If you own property not previously listed, or expect to inherit any property, please give general description, source, and approximate value.

12. Beneficial Interests

If you are a beneficiary of any trust, or have any power or trusteeship position with respect to any trust, or have any estate in property for life, please give general description of circumstances and approximate value

13. Other business interests (partnerships, proprietorships, closely held corporations). Please supply general information relating to ownership, nature and value of business and any plans or arrangements relating to disposition of the interest of a deceased owner.

14. Gifts. If you have at any time made gifts other than customary Christmas, birthday, or holiday gifts, and if any such gifts were in significant amounts (in excess of \$1,000 for example), please indicate the dates, recipients and values of such gifts, the general nature of the gift property, and whether United States gift tax returns were filed in connection with such gifts.

15. Burial Plots. If you own burial plots, mausoleum or crypt spaces, or other rights of Sepulchre, please describe. Include cemetery name, location, and number of plots or crypts, and in whose name it is held.

16. Income.

Salary \$ _____/year

17. Any income in excess of salary
(Describe each source)

\$ _____/year

\$ _____/year

\$ _____/year

\$ _____/year

\$ _____/year

B. Liabilities

1. Average accounts payable (monthly bills) \$ _____/year

2. Any loans or debts other than those Mortgages shown above (describe) \$ _____/year

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

III. MISCELLANEOUS DATA

A. Relevant Contact Information

List below the name, address and telephone number of:

1. Your insurance agent:

2. The accountant or other person who prepares your income tax return:

3. Your stockbroker:

4. Your banker or other financial adviser:

5. Your primary physician:

B. Safe Deposit Boxes

1. Do you have a safe deposit box? Circle one: Yes / No

2. If yes, what bank? _____

3. In whose name(s) is it listed? _____

4. What is the location of the key? _____

C. Important Documents Location

Document	Location
Adoption Papers	
Bankbooks	
Bank Statements	
Birth Certificates	
Cancelled Checks	

Death Certificates	
Deeds (Property)	
Divorce Decrees	
Life Insurance Policy	
Health & Accident Insurance Policy	
Homeowners Insurance Policy	
Auto Insurance Policy	
Other Insurance Policy (_____)	
Leases	
Marriage Certificate	
Mortgage Papers	
Securities (Stocks & Bonds)	
Social Security Cards	
Tax Returns	
Titles (Auto, Homeowners, Title Policy, etc.)	
Wills	
Other (_____)	
Other (_____)	

IV. DISPOSITION OF PROPERTY

A. In general, describe the way you wish your property to pass upon your death.

B. Special provision with respect to any specific properties?

C. Special charitable bequests?

If any of those selected to receive properties are not citizens of the United States, please indicate who such persons are in the "Remarks" section below.

V. SELECTION OF REPRESENTATIVES

List below the name, age, relationship, and address of the person(s) (or the name and address of the Bank) that you wish to serve in the capacities indicated. Preferably, you should appoint at least one alternate representative in the case that the first person listed is unable to serve for any reason (death, incapacity, convicted felon, etc.). If you would like to appoint a second or third alternate representative, please use the back of this page and provide the relevant information.

A. Executor of Will

1. First Named Executor Name: _____
Address: _____
Age: _____ DOB: _____
Relationship: _____

2. Alternate Named Executor Name: _____
Address: _____
Age: _____ DOB: _____
Relationship: _____

B. Trustee

1. First Named Trustee Name: _____
Address: _____
Age: _____ DOB: _____
Relationship: _____

2. Alternate Named Trustee Name: _____
Address: _____
Age: _____ DOB: _____
Relationship: _____

If you would like the trustees to serve jointly as co-trustees? Yes / No
(Note: Understand that having co-trustees can create complications of their own).

