

# CLIENT INFORMATION SHEET – ESTATE PLANNING - MARRIED

Please fill out as completely as possible. Thank you!

Office Use Only

## Husband's Information

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
First Name Middle Last Name

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Employer address: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth city/state: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ Education: \_\_\_\_\_

## Wife's Information

Name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
First Name Middle Last Name

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Employer address: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth city/state: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ Education: \_\_\_\_\_

Confidential messages may be left for me via (check **ALL** that apply):

Recording at office  Recording at home  Recording at cell  Email  Fax  Other: \_\_\_\_\_

How did you hear of our office:  Allen Image  Allen Online  Facebook  Friend: \_\_\_\_\_  Other: \_\_\_\_\_

Topics to discuss at your appointment: \_\_\_\_\_

## Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

**Up to one-half hour: \$150.00**

**Over one-half hour: \$75.00 per ¼ hour increments**

*No services will be performed* beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees.

This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

**I have read and understand the above, and agree to pay the above consultation fee.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

## Mutual Consent Agreement

We, \_\_\_\_\_ and \_\_\_\_\_, the undersigned, hereby consent and authorize Northcutt & Hamilton to represent both of us in our respective estate plans. We have been advised that there could be conflicts of interest that either exist now or could arise in the future, and we acknowledge that Northcutt & Hamilton has advised us of the advisability of seeking independent counsel. We also acknowledge, consent and agree that any communication either oral or written between either of us to Northcutt & Hamilton that is meant to be confidential will not be disclosed to the other spouse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

### Children

Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child of the marriage  Husband's child  Wife's child Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child of the marriage  Husband's child  Wife's child Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child of the marriage  Husband's child  Wife's child Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child of the marriage  Husband's child  Wife's child Grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  Married  Single

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child of the marriage  Husband's child  Wife's child Grandchildren: \_\_\_\_\_

### Asset Information

	<i>Assets</i>	<i>Value</i>	<i>Comments</i>
Life Insurance – <i>Husband</i>	_____		
Life Insurance – <i>Wife</i>	_____		
IRAs, 401(k)s - <i>Husband</i>	_____		
IRAs, 401(k)s - <i>Wife</i>	_____		
Residence	_____		
Other real estate	_____		
Stocks, Bonds, Mutual Funds	_____		
Cash, CD's, Savings, Checking	_____		
Notes (people owe you money)	_____		
Business Interests	_____		
Cars, Jewelry, Furniture, etc.	_____		

**TOTAL ESTATE** =====

Is it your intent for your spouse to inherit your primary residence upon death?  Yes  No