You may complete this form electronically by filling in the Word Document, or print and complete by hand

MCCULLOCH & MILLER, PLLC

Galleria Office: 1900 St. James Place – Suite 425, Houston, Texas 77056
Downtown Office: 1010 Lamar – Suite 900, Houston, Texas 77002

THOMAS W. MCCULLOCH, JD, CPA
www.mcmfirm.com

PHONE: (713) 333-8900
FAX: (713) 513-5100

Form Instructions: This data sheet helps us organize your information regarding your family and estate so that we are able to recommend and provide a beneficial estate plan. Please fill out as completely as possible and place X's on inapplicable items and question marks on questions which you don't know the answer. For financial items, it is best to provide as much information as possible. If there is a number you believe might not be precise, please write "estimate" next to the information.

Please email to admin@mcmfirm.com or Fax to: (713) 513-5100

Personal Information		
	You	**Your Spouse**
Full Legal Name:		
Nickname or Preferred Name:		
Birth Date:		
Date of Death (If applicable):		
Social Security Number:		
Occupation:		
Estimated Annual Income:		
Work Phone Number:		
Fax Number:		
Cell/Home Phone Number(s):		
Email Address:		
Home Address (Include County):		
Where you currently reside (if not at home):		
Referred by:		
Military Service Information: (Branch, Date of Entry & Separation)		
Marital Status & Date and Place of Marriage (If applicable)	☐Single ☐Widowed ☐Married ☐Divorced	
If you have lived outside Texas during this marriage, please list the states and dates of residence:		
If either of you were previously married, list the dates of prior marriage, name or prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:		
Location of Safe Deposit Box:		

Location of Safe Deposit Box:		
Name and Phone of Insurance Agent:		
Name and Phone of Accountant:		
Name and Phone of Financial Planner:		
Existing Estate Planning Documents: (Please List Date Document was Executed)	☐ **Trust (Type: __________________)** ☐ **Will** ☐ **Financial Power of Attorney** ☐ **Medical Power of Attorney** ☐ **Directive to Physicians** ☐ **HIPAA Authorization** ☐ **Declaration of Guardian** ☐ **Other: ________________________**	☐ **Trust (Type: __________________)** ☐ **Will** ☐ **Financial Power of Attorney** ☐ **Medical Power of Attorney** ☐ **Directive to Physicians** ☐ **HIPAA Authorization** ☐ **Declaration of Guardian** ☐ **Other: ________________________**
Name and Phone of Current Financial/Medical Power of Attorney:		

Children

Full Legal Name and Birthdate	Address & Contact Information (If Child Does Not Reside With You)	Other
Name: **Birthdate:**	**Address:** **Phone:** **Email:**	**Child of:** ☐ **Joint** ☐ **You** ☐ **Spouse** **Occupation:** ______________________ **Married:** ☐ **Yes** ☐ **No** **Children:** ☐ **Yes** ☐ **No** **How many:** ______________________
Name: **Birthdate:**	**Address:** **Phone:** **Email:**	**Child of:** ☐ **Joint** ☐ **You** ☐ **Spouse** **Occupation:** ______________________ **Married:** ☐ **Yes** ☐ **No** **Children:** ☐ **Yes** ☐ **No** **How many:** ______________________
Name: **Birthdate:**	**Address:** **Phone:** **Email:**	**Child of:** ☐ **Joint** ☐ **You** ☐ **Spouse** **Occupation:** ______________________ **Married:** ☐ **Yes** ☐ **No** **Children:** ☐ **Yes** ☐ **No** **How many:** ______________________
Name:	**Address:**	**Child of:** ☐ **Joint** ☐ **You** ☐ **Spouse** **Occupation:** ______________________ **Married:** ☐ **Yes** ☐ **No**

What is the current health status of you and your spouse? Any specific problems or concerns? Issues with capacity?

You: ____

Spouse: ____

Is there anyone in your family with medical concerns or that requires special needs? ☐ Yes ☐ No

Please Explain: ____

What would you like us to help you accomplish?

____

Is there anything else about you or your family or your personal planning goals that you would like us to know?

____

Do you or your spouse have long term care insurance? ☐ You ☐ Spouse ☐ Both ☐ No

Assets		
Description ***(***List Name, Type, and Details of Asset***)***	**Current Fair Market Value**	**How Is Title Held?***
Bank Accounts *(not IRAs and Retirement Plans):*		
Stocks, Bonds, and Mutual Funds *(not IRAs and Retirement Plans):*		
Closely Held Businesses, Partnerships, Etc.:		
Real Estate:		
Automobiles, Boats, Etc.:		
Other Property:		
Total:		

***Important: If you know if the property is your separate property, your spouse's separate property, or community property, please so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with JTWROS (Joint Tenancy With Rights of Survivorship), or who the current beneficiaries are, if known. If property is held in trust, please state the name of the specific trust.**

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	**Participant**	**Type of Plan**	**Current Value**	**Death Benefit**
		Total:		

Life Insurance and Annuities					
Company	**Insured/Owner**	**Type of Policy/ Details**	**Beneficiary(s)**	**Face Amount**	**Cash Value**
			Total:		

Monthly Gross Income		
Description of Income Source *(If annual income, please specify)*	**Monthly Gross Amount**	
	You	**Spouse**
Wages *(please specify employer)*:		
Pension *(please specify pension source)*:		
Social Security:		
Investments/Dividends *(please specify source)*:		
Rental Profits:		
Other *(please specify):*		
Total:		

Liabilities	
Description of Liability *(Please specify details of liability)*	**Amount**
Mortgages:	
Other Liabilities:	
Total:	

Medical Expenses				
Expense Type	**Details of Expense** *(type of policy, provider details)*	**Spent For You or Spouse**	**Amount of Expense**	**Daily, Monthly or Annual Expense**
Health Insurance *(Medicare Supp)*:				
Health Insurance *(Medicare Deduction from Social Security)*:				
Health Insurance *(Private):*				
Care Agency/Facility Fees *(IL, AL, or SNF)*:				
Prescription Costs:				
Other:				

Dispositive Plan: (Describe in general terms how you wish to leave your property at death)

Have there been any uncompensated transfers/gifts of property in the last 60 months? ☐ Yes ☐ No
If yes, please list:

THIS FORM WAS COMPLETED BY: _____ ***ON:*** ____/____/____

Additional Information/Notes/Questions/Concerns: