



Estate Preservation Analysis

Date: _____ Referred by: _____
Information provided by: _____ Relation: _____
Phone: _____ Email: _____

Client Information

Full Legal Name: _____
First Middle Last

Age: _____ DOB: _____ SSN: _____
☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Common Law

Spouse's
Full Legal Name: _____
First Middle Last

Age: _____ DOB: _____ SSN: _____

Home Address: _____
Street Address

City State Zip

Mailing Address (if different): _____
Street Address

City State Zip

Current Location of Client: _____

Phone: _____ Alt. Phone: _____

Email: _____

Client's place of birth: _____

Is the client a Texas resident? ☐ Yes ☐ No
Does the client plan to stay in Texas? ☐ Yes ☐ No
Is the client a US citizen? ☐ Yes ☐ No
Is the client a lawfully admitted alien? ☐ Yes ☐ No

Alien Registration Number: _____

Does the client still operate a motor vehicle? ☐ Yes ☐ No
Does the client have a legal guardian or duly appointed Power of Attorney? ☐ Yes ☐ No

Name of guardian or POA _____

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Family Information

Please include **all** children including deceased. Print or copy page for additional children.

Primary Contact

Name: _____ Relation: _____
Phone: _____ Email: _____
Address: _____

Primary Caretaker

Name: _____ Relation: _____
Phone: _____ Email: _____
Address: _____

Child

Name: _____ Relation: _____
Phone: _____ Email: _____
Address: _____

Child

Name: _____ Relation: _____
Phone: _____ Email: _____
Address: _____

Are any children under any disability or receiving government benefits? ☐ Yes ☐ No

Is there any additional information about the family that we should know about?

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Military Background

Did client or spouse serve in the Armed Forces? ☐ Yes ☐ No

Veteran's Name: _____

(Provide discharge papers. Use form SF180 to order a certified copy of the DD-214 as required by the Veteran's Administration)

Was the service during wartime?

☐ Yes ☐ No

☐ WW II 12/7/1941 – 12/31/1946

☐ Korean War 6/27/1950 - 1/31/1955

☐ Vietnam 2/28/1961 – 5/7/1975

☐ Gulf War 8/2/1990 - Present

Branch: _____

Length of Service: _____

Type of Discharge: _____

Retired Military: ☐ Yes ☐ No

Service Connected

Receiving Aid &

Disability: ☐ Yes ☐ No

Attendance: ☐ Yes ☐ No

Health Insurance

Provide proof of insurance

Medicare: ☐ Part A ☐ Part B ☐ Part D

Medicare Supplemental: _____

Long Term Care Insurance: _____

Admission Dates

Dates should pertain to latest continuous care without a return to the home

Hospital/Rehab

Date entered: _____

Monthly Cost: \$

Nursing Home Facility

Date entered: _____

Monthly Cost: \$

Assisted/Independent Living

Date entered: _____

Monthly Cost: \$

Current Health Condition

Client

Health Issues: ☐ Alzheimer's ☐ Dementia ☐ Memory Loss

Disabilities: _____

Stroke: ☐ Yes ☐ No

Date: _____

Other Health Issues: _____

Spouse

Health Issues: ☐ Alzheimer's ☐ Dementia ☐ Memory Loss

Disabilities: _____

Stroke: ☐ Yes ☐ No

Date: _____

Other Health Issues: _____

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Asset Information

Cash Accounts

List all accounts including checking, savings, money market, CD, cash management accounts, etc.

Owner	Bank	Type of Account	Balance
			\$
			\$
			\$
			\$

Retirement Accounts

List all accounts including IRAs, 401k, 403b, Pension, etc.

Owner	Company	Type of Account	Market Value
			\$
			\$
			\$
			\$

Annuities

List all accounts

Owner	Company	Type of Account	Value
			\$
			\$
			\$

Mutual Funds & Brokerage Accounts

List all accounts

Owner	Firm or Fund	Market Value
		\$
		\$
		\$

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Stocks & Bonds

List all accounts where you hold certificates.

Owner	Name of Stock	Number of Shares	Market Value
			\$
			\$
			\$

Real Estate & Residence

Including oil, gas, & mineral rights and Life Estate interests

Complete Property Address	Cost	Market Value	Debt
		\$	\$
		\$	\$
		\$	\$

Vehicles

List all automobiles, boats, RVs, travel trailers, etc.

Owner	Year/Make/Model	Value
		\$
		\$
		\$

Promissory Notes & Trust Deeds

Where someone is paying you a note.

Payor	Monthly Payment	Security	Balance
			\$
			\$
			\$

Life Insurance

Provide policies, latest statements, and proof of cash value

Owner	Company	Whole or Term	Death Benefit	Value
				\$
				\$
				\$

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Burial Provisions

Prepaid Funeral Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner:			
Funeral Home:		Irrevocable:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Paid	\$	Insurance Company:	
Burial Plots	How many?	Value:	\$
Cemetery:			

Other Assets

Personal property (household & personal goods including jewelry, art, antiques, etc.)
Family business (Provide name and how it is held; is it a corporation?)
Anything else that has not been listed.

Owner	Description	Value
Safe Deposit Box <input type="checkbox"/> Y <input type="checkbox"/> N		\$
		\$
		\$
		\$

Closed Accounts

List accounts that have been closed in the last 60 months.

Owner	Type of Account	Value
		\$
		\$
		\$

Gifts, Transfers, Sales

Gifts, transfers, or sales to any person or entity, including real estate deeds in the last 60 months.

To Whom	Item	Date of Transaction	Value
			\$
			\$
			\$
			\$

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Existing Debt	
<i>Medical bills, credit cards, loans, etc.</i>	
Creditor	Amount Owed
	\$
	\$
	\$
	\$

Current Income			
<i>Provide current reports/statements</i>			
Source	Client	Spouse	Amount
Social Security	\$	\$	\$
VA Benefits	\$	\$	\$
Pension, Retirement, etc.	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

Legal Documents Information			
Legal Documents	Client	Spouse	Date Executed
Will	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	
Trust	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	
Financial/Durable Power of Attorney	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	
Medical Power of Attorney	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	
Living Will/Directive to Physicians	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	
Long Term Care Insurance	<input type="checkbox"/> Have <input type="checkbox"/> Need	<input type="checkbox"/> Have <input type="checkbox"/> Need	

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