

William C. Dvorak, P.C.

Attorneys and Counselors at Law

www.williamdvoraklaw.com

Main Office and Mailing Address
6344 Mobile Bay Court
Frisco, Texas 75034
(972) 562-0102
FAX (972) 332-2358

William C. Dvorak*

Plano - McKinney-Allen Office
Atrium Executive Business Center
5700 Granite Pkwy. Ste. 200
Plano, Texas 75024
(972) 731-2646

Leo W. Galletta, Of Counsel

Dear New Client:

Thank you for choosing William C. Dvorak, P.C. to advise you and prepare your Estate Plan. The forms and documents below are meant to provide your attorneys with the information they need in order to give you the best possible legal advice, to select the correct estate planning strategy for you, and to prepare the documents that will comprise your Estate Plan.

You will note that some of these forms are fillable adobe pdf forms. Feel free to fill them out on your computer, or to print them and complete them by hand. Either way, please bring all of these forms to your initial office consultation. You may not be able to provide all the information at this time and that is fine. You should make sure that you provide us with complete information about any person you would like to appoint as a fiduciary, (executor, trustee, agent) including full name, address, and most reachable phone number. We can answer any questions you may have when we meet in person. As to the assets and liabilities form, not every person has something in every asset or liability category, but please try to provide as complete a picture of your current financial situation as possible, even if you have to provide estimates at this time.

Sincerely,

William C. Dvorak, P.C.

William C. Dvorak, P.C.

Attorney and Counselor at Law

www.williamdvoraklaw.com
billdvorak@williamdvoraklaw.com

Mailing Address
6344 Mobile Bay Ct.
Frisco, Texas 75034
(972) 562-0102
FAX (972) 332-2358

Plano, McKinney and Allen Office
Atrium Executive Business Center
5700 Granite Pkwy., Suite 200
Plano, Tx. 75024 or
1333W. McDermott Drive., Ste. 100
Allen, Texas 75013
(972) 731-2646

William C. Dvorak *

Leo Galletta Of Counsel

* * * **PRIVACY NOTICE** * * *

William C. Dvorak, P.C. may acquire and collect nonpublic personal information about clients and former clients in the course of providing legal services. Such information may be obtained from the client, may be generated as a result of the services provided, or may be received from third parties involved in, or affiliated with, the services provided.

William C. Dvorak, P.C. does not disclose, nor does William C. Dvorak, P.C. reserve the right to disclose any nonpublic personal information about clients or former clients, except as permitted by law.

William C. Dvorak, P.C. restricts access to nonpublic personal information to those employees who need to know that information to provide the applicable services. William C. Dvorak, P.C. maintains physical, electronic and procedural safeguards that comply with federal regulations to guard the nonpublic personal information of clients and former clients.

JOINT REPRESENTATION CONFIRMATION

It is commonplace for spouses to engage the same lawyer for estate planning. However, when a lawyer represents both spouses with regard to common or related matters, certain conflicts of interest can arise within the ethical codes of the legal profession.

This is to confirm that my office is to represent you jointly as husband and wife. As such:

- We will not maintain confidentiality between the two of you; the information we receive from either of you or from third parties will be shared with both of you.
- Each of you waive any objection to our representation of the other regarding potential conflicts of interest between you (such as involving spousal rights of election, property ownership and transfer matters, and trust as well as other asset arrangement matters).

Joint representation is appropriate in our experience. However, strict ethical requirements dictate that we thoroughly disclose the ethical ramifications.

Please sign below to indicate your acknowledgment of these terms.

Dated _____.

Husband

Wife

SUMMARY OF ASSETS AND LIABILITIES

ASSETS

For each item state the location of the asset (name and address), title holder, date of acquisition/opening, estimated value, amount of any unpaid mortgage/lien, and any other relevant information. If any asset is held jointly with the spouse or another, so state, and set forth your respective shares.

Cash accounts

Checking:

Savings (individual, joint, totten trust, certificates of deposit, treasury notes, etc.):

Security deposits, earnest money, etc.:

Other:

Securities

Bonds, notes, mortgages (obligor, maturity date, principal amount):

Stocks, options and commodity contracts:

Broker margin accounts (broker and credit balance):

Other:

Loans to others and accounts receivable from others:

Interest in any business (name and address of company, whether it is a corporation, partnership, sole proprietorship or trust, your capital contribution, net worth of the business, percent of your interest, and any other information):

Life insurance (amount, carrier, policy number, beneficiary):

Vehicles (auto, boat, plane, truck, campers, etc.):

Real estate (include all types of interests such as leaseholds, life estates, etc., and identify any mortgage by the amount and holder):

Pension plans and retirement accounts:

Vested interests in trusts (profit sharing, legacies, deferred compensation, etc.):

Contingent interests (stock options, interests subject to life estates, possible inheritances, annuities):

Household furnishings:

Jewelry, furs, art, antiques, precious objects, gold and precious metals:

Other assets (e.g., collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, and any other assets not herein above itemized):

TOTAL ASSETS \$

LIABILITIES

For each item state the purpose, date of incurring debt, debtor, creditor, original and current amount of debt, and any other relevant information. If jointly with the spouse or another, so state, and set forth your share.

Accounts payable (credit cards, security agreements, chattel mortgages, broker margin accounts):

Notes payable:

Mortgages payable on real estate:

Loans on life insurance policies:

Other liabilities:

TOTAL LIABILITIES \$

NET WORTH (Assets minus Liabilities) \$

If you wish to reset this form and start over, there is a "CLEAR" button at the bottom of the last page of this document.

TESTATOR INFORMATION

FULL NAME _____

SPOUSE _____

ADDRESS _____

CHILDREN

NAME	ADDRESS	AGE
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

FIDUCIARY APPOINTMENTS

Who do you want to name as Executor and Alternates of your estate?

NAME	ADDRESS	RELATIONSHIP
1. _____		
2. _____		
3. _____		

If a Trust is Included in your Will, Who do you want to name as Trustee and Alternate?

NAME	ADDRESS	RELATIONSHIP
1. _____		
2. _____		
3. _____		

If your spouse does not survive you who do you want to name as Guardian of your minor children?

NAME	ADDRESS	RELATIONSHIP
1. _____		
2. _____		
3. _____		

Who do you want to name as Agent on your Power of Attorney?

NAME	ADDRESS	RELATIONSHIP
1. _____		
2. _____		
3. _____		

Effective: ☐ Immediately ☐ Only Upon Disability

Who do you want to name as Agent on your Medical Power of Attorney?

NAME	MOST REACHABLE PHONE	RELATIONSHIP
1. _____		
2. _____		
3. _____		

Do you want a Directive to Physicians? ☐ Yes ☐ No

Distributions to Beneficiaries After Your Death

If you have Children:

Do you want them to receive their inheritance in lump sum at age _____,
or in installments at the following specified ages _____, _____, _____, _____.

If one of your children dies before you:

Does that child's inheritance go (1) _____ to his/her children, or
(2) _____ to your other living children?

Do you wish to make any special gifts of property or cash to any individuals?

Yes ☐ No ☐

Specify their name, address, and the item or amount:

Do you wish to make any gifts to your church or other charitable organizations?

Yes ☐ No ☐

If so, is the gift to be effective (1) _____ your death,
(2) _____ you and your spouse's death,
(3) _____ minor child attaining the age of _____ years, or
(4) _____ other _____

If making a charitable gift, provide the exact name of the organization, address, and percent or dollar amount of gift;

Are there any relatives whom you specifically do not want to receive anything from your estate:

Yes _____ No _____

If so, whom? _____

After the death of you and your spouse, if any, and after all special gifts have been distributed, whom do you want to receive the rest of your estate?

In equal shares to children (check here) _____, or:

Name _____ Relationship _____ Percentage _____

Name _____ Relationship _____ Percentage _____

Name _____ Relationship _____ Percentage _____

Name _____ Relationship _____ Percentage _____