

EXHIBIT A
GENERAL QUESTIONS

	<u>Husband</u>	<u>Wife</u>
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have any codicils to a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you beneficiary of a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or have you been trustee of a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever contributed any asset to a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any disabilities or any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse (such as a premarital or marital property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are additional children in the future (including adopted children) even <i>remotely</i> possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have gift tax returns ever been filed with the IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever made gifts in one year to one person which exceeded a combined total of \$10,000 (or exceeded \$3,000 for gifts made before 1982)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any expected inheritances from your parents or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you care if a description of your assets (including asset values) is permanently recorded in the public records of the courthouse after you die?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special requests regarding donation of body organs (eyes, kidneys, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXHIBIT B
FINANCIAL STATEMENT

<u>Assets</u>	<u>Designated Beneficiary (if any)</u>	<u>How Titled</u>	<u>Approximate Value</u>
Cash, CDs, money market accounts			
Stocks, bonds, mutual funds and other investments ("after-tax")			
Retirement assets, such as 401(k) plans, profit sharing plans, pension plans, IRAs, etc. ("pre-tax")			
Life insurance (identify insured and show both death benefit <u>and</u> cash value, if any)			
Annuities			
Oil, gas and other mineral interests ¹			
Your home			
Other real estate ¹			
Closely held business interests (describe)			
Automobiles, boats, RVs, and other vehicles			
Valuable collections/collectibles/heirlooms			
Other household furnishings and personal effects			
Other miscellaneous assets (describe)			
Total Assets			

<u>Liabilities (Debts)</u>	<u>Current Balance</u>
Mortgage on home	
Other real estate mortgages	
Personal debt (credit cards, car notes, etc.)	
Accrued taxes	
Other debts	
Total Liabilities	

Net worth for estate planning purposes (Total Assets minus Total Liabilities)	
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Annual income (earned and unearned excluding capital gains)	
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¹Provide state and county.

EXHIBIT C
FAMILY AND PERSONAL INFORMATION

General Personal Information.

	<u>Husband</u>	<u>Wife</u>
Full legal name:	_____	_____
Alias names, if any:	_____	_____
Name usually used to Sign documents:	_____	_____
Home Address: Street:	_____	_____
City:	_____	_____
County:	_____	_____
State, Zip Code:	_____	_____
Phone:	(____) _____	(____) _____
Home FAX:	(____) _____	(____) _____
Home e-mail address:	_____	_____
Birth date (and age):	_____	_____
Soc. Sec. No.:	_____	_____
Citizenship:	_____	_____
Date of marriage:	_____	_____
How long have you Lived in Texas?	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Business Address:	_____	_____
	_____	_____
	Bus. Phone: (____) _____	Bus. Phone: (____) _____
	Bus. FAX: (____) _____	Bus. FAX: (____) _____
	Bus. e-mail address: _____	Bus. e-mail address: _____

Children, Grandchildren.

Please list all children of either of you below. For each child, please indicate: (i) the child's name (if the child has a preferred name, please put it in parenthesis after the legal name) and occupation; (ii) Gender (male or female); (iii) date of birth; (iv) whether the child is the husband's only (H), the wife's only (W), or a child of both (B); and (v) the child's approximate net worth. If any child is adopted by either of you, please indicate. If any child is deceased, please include him or her and indicate the date of death.

<u>Name and occupation</u>	<u>m/f</u>	<u>Birth date</u>	<u>h/w/b</u>	<u>net worth</u>
_____	---	_____	---	_____
_____	---	_____	---	_____
_____	---	_____	---	_____
_____	---	_____	---	_____
_____	---	_____	---	_____

***Note:** For each child who does *not* live at home with you, please mark an "X" or make a check mark in front of that child's name and list that child's name on the back of this page (or on a separate page), along with his or her complete address (including street, city, *county*, state, and ZIP code if possible), and phone number.

