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ATTORNEY / CLIENT PRIVILEGED COMMUNICATION		
Date desired for office conference:		Time
How did you find out about my firm?		

PERSONAL INFORMATION

CLIENT's Full Name							
Preferred Name (for use in document preparation)							
U.S. Citizen:	Yes		No		Birthdate		Age
Home address						City	
County				State			Zip
Telephone #'s	Home				Work		
	Cell				Other		
E-mail Address					Social Security No.		
Occupation				Employer			
If you own your own business, do you have information on prospective purchasers in the event of your death or on other aspects of disposition of the business? If yes, who knows the location of this information?							

SPOUSE's Full Name							
Preferred Name (for use in document preparation)							
Date of Marriage							
U.S. Citizen:	Yes		No		Birthdate		Age
Telephone #'s	Home				Work		
	Cell				Other		
E-mail Address					Social Security No.		
Occupation				Employer			
If you own your own business, do you have information on prospective purchasers in the event of your death or on other aspects of disposition of the business? If yes, who knows the location of this information?							

CHILDREN

CHILD # 1	Husband's ?		Wife's ?		Joint ?	
Name						
Home Address						
City		State		Zip		
County		Telephone #				
Date of Birth		Social Security #				
CHILD # 2	Husband's ?		Wife's ?		Joint ?	
Name						
Home Address						
City		State		Zip		
County		Telephone #				
Date of Birth		Social Security #				
CHILD # 3	Husband's ?		Wife's ?		Joint ?	
Name						
Home Address						
City		State		Zip		
County		Telephone #				
Date of Birth		Social Security #				
CHILD # 4	Husband's ?		Wife's ?		Joint ?	
Name						
Home Address						
City		State		Zip		
County		Telephone #				
Date of Birth		Social Security #				

DEPENDENTS (other than children)

# 1	Relationship				
Name				Date of Birth	
Home Address					
City		State		Zip	
County		Telephone #			
# 2	Relationship				
Name				Date of Birth	

Home Address			
City		State	Zip
County		Telephone #	

BENEFICIARIES (other than those listed above, including charities)			
# 1	Relationship		
Name			
Home Address			
City	State	Zip	
County	Telephone #	Fax #	
Date of Birth	Social Security #		
# 2	Relationship		
Name			
Home Address			
City	State	Zip	
County	Telephone #	Fax #	
Date of Birth	Social Security #		

DISPOSITION OF ESTATE	
a. Upon Husband's Death	
b. Upon Wife's Death	
c. Upon death of both Husband and Wife	
d. Should both Husband and Wife die prematurely and there are minor children, should children's interest be held in a Minor's Trust for their benefit until a certain age? If yes, at what age(s) should distribution(s) occur?	
e. If your immediate family (e.g. spouse, children, grandchildren, etc.) were all to be deceased, to whom would you wish your property to pass (for example, you might want to have it go one-half to the heirs of each of you, or to a charity or charities, etc.)	
f. Special provisions with respect to any specific properties?	
g. Do you wish to make bequests to your church, synagogue or to any other charitable organization?	
h. Does either spouse expect to inherit in the near future any property or is either spouse presently a	

beneficiary of a trust?

i. Do either of you wish to have a directive prepared expressing your desire that your life not be artificially prolonged in the event of an incurable/terminal condition? (Also known as a Living Will).

DEFINITIONS

EXECUTOR - An individual (surviving spouse, family member) and/or entity (bank/trust company) that is charged with the responsibility of winding up the affairs of the deceased i.e., dealing with the IRS, creditors, and probate court.

TRUSTEE - An individual and/or entity that manages the assets left in trust for the benefit of dependents of the decedent, makes investments and distributes income/principal to the beneficiary.

GUARDIAN - An individual or individuals that care for minor children until they reach majority (18 in Texas). Such individuals do not necessarily have to be the same individuals that manage the trust assets left in trust for dependents.

DURABLE POWER OF ATTORNEY AGENT - ("DPOA") An individual or entity that manages your financial affairs on your behalf in the event of your disability.

MEDICAL POWER OF ATTORNEY AGENT - ("MPOA") An individual that makes health care decisions on your behalf in the event you are unable to make them for yourself.

HIPAA PATIENT AUTHORIZATION - ("HIPAA") Authorizes medical care providers and all entities covered by HIPAA to provide and discuss your protected medical information with your family and/or friends who are designated in this authorization in order to allow you to obtain their advice and assistance.

SELECTION OF REPRESENTATIVES

List below the names of the persons (or bank) that you wish to serve in the capacities indicated. We will discuss the function of each representative in detail at our conference.

	HUSBAND'S	WIFE'S
EXECUTOR (s)		
Alternate (s) # 1		
Alternate (s) # 2		
Alternate (s) # 3		
TRUSTEE (s)		
Alternate (s) # 1		
Alternate (s) # 2		
Alternate (s) # 3		

GUARDIAN (s)		
Alternate (s) # 1		

Alternate (s) # 2		
Alternate (s) # 3		

	HUSBAND'S	WIFE'S
DPOA AGENT		
Address		
ALTERNATE(s) # 1		
Address		
ALTERNATE(s) # 2		
Address		
ALTERNATE(s) # 3		
Address		

MPOA AGENT		
Phone #		
Address		
ALTERNATE(s) # 1		
Phone #		
Address		
ALTERNATE(s) # 2		
Phone #		
Address		
ALTERNATE(s) # 3		
Phone #		
Address		

HIPAA		

Phone #		
Address		
ALTERNATE(s) # 1		
Phone #		
Address		
ALTERNATE(s) # 2		
Phone #		
Address		
ALTERNATE(s) # 3		

SUMMARY OF VALUES
(List Detail of Assets on Pages That Follow)

ASSETS	AMOUNTS*					
	Husband		Wife		Total	
Cash/Liquid Assets	\$		\$		\$	
Notes Receivable	\$		\$		\$	
Bonds	\$		\$		\$	
Real Estate	\$		\$		\$	
Corporate Business Interests	\$		\$		\$	
Stocks / Mutual Funds	\$		\$		\$	
Retirement Plans (IRA, 401(k), etc)	\$		\$		\$	
Sole Proprietorship Interests	\$		\$		\$	
Farm and Ranch Interests	\$		\$		\$	
Oil and Gas Interests	\$		\$		\$	
Anticipated Inheritance, Gift, or Lawsuit judgment	\$		\$		\$	
Personal Effects and Other Assets	\$		\$		\$	
Life Insurance Face Amounts	\$		\$		\$	
Partnership Interests	\$		\$		\$	
Other Assets	\$		\$		\$	
TOTAL ASSETS	\$		\$		\$	

LIABILITIES	AMOUNTS*					
	Husband		Wife		Total	
Loans Payable	\$		\$		\$	
Accounts Payable	\$		\$		\$	
Real Estate Mortgages Payable	\$		\$		\$	
Contingent Liabilities	\$		\$		\$	
Loans Against Life Insurance	\$		\$		\$	
Unpaid Taxes	\$		\$		\$	
Other Obligations	\$		\$		\$	
_____	\$		\$		\$	
_____	\$		\$		\$	
TOTAL LIABILITIES	\$		\$		\$	
NET ESTATE	\$		\$		\$	

*Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go half in husband's column, half in wife's column.

PROPERTY INFORMATION

Safe Deposit Box No.		Location	
In whose name?			

CASH/LIQUID ASSETS				
Name of Institution	Type *	Acct. No.	Owner **	Amount

* Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD).
** Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).

NOTES RECEIVABLE				
Name of Debtor	Date of Note	Date Note Due	Owed To*	Current Balance Owed

* Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).

BONDS		
Description (U.S. Savings Bonds, Corporate, Municipal, etc.)	Owner *	Face Value

*Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).
If bond is owned either JT or TC with someone other than spouse, please furnish name and relationship.
Note: Please put a check mark next to Bearer Bonds.

RETIREMENT PLANS			
Type of Plan *	Owner	Beneficiary	Value

***Individual Retirement (IRA), Employer Thrift (Thrift), SEP, Employer Pension (Pension), Employer 401(k) (401k), ESOP.**

STOCKS / MUTUAL FUNDS

Please list all mutual stock funds & ownership in publicly owned corporations (stock traded on an exchange or over the counter). Stock owned in family or nonpublicly traded companies should be listed under the corporate business section.

Corp. / Mutual Funds	Owner *	Number of Shares	Fair Market Value

***Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).
If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.**

If any of your shares are held in a street name account with your broker, please furnish us with:

Brokerage Firm	
Broker	
Exact Name and Number of Account	

REAL ESTATE

Where you have either a deeded or land contract interest (land or buildings that you own in partnership with someone else should be listed under the partnership section):

General Description and / or Address	Owner *	Fair Market Value	Mortgage	Basis**

***Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).
If property owned either JT or TC with someone other than spouse, please furnish name and relationship.
Note: If two or more names are on deed or contract without stating type of ownership, please use "?".**

****Basis is price you paid for property plus any improvements you have made, less any depreciation you have taken on your tax returns.**

Is there a homestead filed on your home?	()	Yes	()	No
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OIL AND GAS INTERESTS

Description (lease,	Owner *	Value

overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)		
*Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).		

FARM AND RANCH INTERESTS		
Description (livestock, machinery, leases, etc.)	Owner *	Value
*Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).		

LIFE INSURANCE FACE AMOUNTS				
Type of Ins.	Company	Beneficiary Upon Your Death	Owner	Cash

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT	
Description	
Total Estimated Value	

CORPORATE BUSINESS INTERESTS

Privately Owned (nonpublicly traded)

Company	Number of Shares	Buy/Sell Agreement*	Percentage Ownership	Owner**	Value

*Please put a check mark if a Buy/Sell Agreement exists.

**Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).

If property owned either JT or TC with someone other than spouse, please furnish name and relationship.

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Name of Business	Description of Business	Owner*	Value

*Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).

PARTNERSHIP INTEREST

PERCENTAGE OF PARTNERSHIP INTEREST

Partnership Name	General Partner	Limited Partner	Owner*	Value

*Husband (H), Wife (W), Community Property (CP), Jointly (JT), or Tenants in Common (TC).

PERSONAL EFFECTS AND OTHER ASSETS

(Furniture, automobiles, jewelry, collectible and other personal assets of more than nominal value)

Total Estimated Fair Market Value	