

*Law Office of*  
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<b>ATTORNEY / CLIENT PRIVILEGED COMMUNICATION</b>			
Date desired for office conference:		Time	
How did you find out about my firm?			

<b>PERSONAL INFORMATION</b>
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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?							

<b>CHILDREN</b>
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<b>CHILD # 1</b>							
Name							
Home Address							
City				State			Zip
County				Telephone #			
Date of Birth				Social Security #			
<b>CHILD # 2</b>							
Name							
Home Address							
City				State			Zip
County				Telephone #			
Date of Birth				Social Security #			

<b>CHILD # 3</b>					
Name					
Home Address					
City		State		Zip	
County		Telephone #			
Date of Birth		Social Security #			
<b>CHILD # 4</b>					
Name					
Home Address					
City		State		Zip	
County		Telephone #			
Date of Birth		Social Security #			

<b>DEPENDENTS (other than children)</b>					
<b># 1</b>		Relationship			
Name				Date of Birth	
Home Address					
City		State		Zip	
County		Telephone #			
<b># 2</b>		Relationship			
Name				Date of Birth	
Home Address					
City		State		Zip	
County		Telephone #			

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

## DISPOSITION OF ESTATE

a. Upon Client's Death

b. Should client 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?

c. If your immediate family (e.g. 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 your heirs, or to a charity or charities, etc.)

d. Special provisions with respect to any specific properties?

e. Do you wish to make bequests to your church, synagogue or to any other charitable organization?

f. Do you expect to inherit in the near future any property or are you presently a beneficiary of a trust?

g. Do 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.

#### **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**

**Alternate (s) # 4**

**Alternate (s) # 5**

**General Power of  
Attorney AGENT  
Address**

**ALTERNATE(s) # 1  
Address**

**ALTERNATE(s) # 2  
Address**

**ALTERNATE(s) # 3  
Address**

**Medical Power of  
Attorney AGENT  
Phone #  
Address**

**ALTERNATE(s) # 1  
Phone #  
Address**

**ALTERNATE(s) # 2  
Phone #  
Address**

**ALTERNATE(s) # 3  
Phone #  
Address**

**HIPAA Release to:**

**Phone #**

**Address**

**ALTERNATE(s) # 1**

**Phone #**

**Address**

**ALTERNATE(s) # 2**

**Phone #**

**Address**

**ALTERNATE(s) # 3**

**Phone #**

**Address**

**SUMMARY OF VALUES**

**(List Detail of Assets on Pages That Follow)**

<b>ASSETS</b>	<b>AMOUNTS*</b>
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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**LIABILITIES**

**AMOUNTS\***

Loans Payable	\$
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Accounts Payable	\$
Real Estate Mortgages Payable	\$
Contingent Liabilities	\$
Loans Against Life Insurance	\$
Unpaid Taxes	\$
Other Obligations	\$
_____	\$
_____	\$
<b>TOTAL LIABILITIES</b>	\$
<b>NET ESTATE</b>	\$

\*Joint Tenancy (JT), Tenancy in Common (TC) and Community Property (CP).

### PROPERTY INFORMATION

Safe Deposit Box No. \_\_\_\_\_ Location \_\_\_\_\_  
 In whose name? \_\_\_\_\_

### CASH/LIQUID ASSETS

Name of Institution	Type *	Acct. No.	Owner **	Amount
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\* Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD).  
 \*\* Client (C), Jointly (JT), or Tenants in Common (TC).

### NOTES RECEIVABLE

Name of Debtor	Date of Note	Date Note Due	Owed To*	Current Balance Owed
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\* Client (C), Jointly (JT), or Tenants in Common (TC).

### BONDS

Description (U.S. Savings Bonds, Corporate, Municipal, etc.)	Owner *	Face Value
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\*Client (C), Jointly (JT), or Tenants in Common (TC).

If bond is owned either JT or TC, please furnish name and relationship.

Note: Please put a check mark next to Bearer Bonds.

### RETIREMENT PLANS

Type of Plan *	Owner	Beneficiary	Value
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\*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
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\*Client (C), Jointly (JT), or Tenants in Common (TC). If stock is owned either JT or TC, 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**
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\*Client (C), Jointly (JT), or Tenants in Common (TC). If property owned either JT or TC, 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

**OIL AND GAS INTERESTS**

Description (lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.)	Owner *	Value
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\*Client (C), Jointly (JT), or Tenants in Common (TC).

**FARM AND RANCH INTERESTS**

Description (livestock, machinery, leases, etc.)	Owner *	Value
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\*Client (C), Jointly (JT), or Tenants in Common (TC).

**LIFE INSURANCE FACE AMOUNTS**

Type of Ins.	Company	Beneficiary Upon Your Death	Owner	Cash
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**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
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\*Please put a check mark if a Buy/Sell Agreement exists.

\*\*Client (C), Jointly (JT), or Tenants in Common (TC). If property owned either JT or TC, please furnish name and relationship.

### SOLE PROPRIETORSHIP BUSINESS INTERESTS

Name of Business	Description of Business	Owner*	Value
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\*Client (C), Jointly (JT), or Tenants in Common (TC).

### PARTNERSHIP INTEREST

#### PERCENTAGE OF PARTNERSHIP INTEREST

Partnership Name	General Partner	Limited Partner	Owner*	Value
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\*Client (C), 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**