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**Client Information Worksheet**  
*Estate, Probate, and Trust Administration*

Decedent Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

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# Client Information Worksheet

*Note: If there is not enough room on a page, please copy that page.*

## Section 1.01 Client Information

Are you?    \_\_\_ Executor/Administrator \_\_\_ Trustee \_\_\_ Contestant \_\_\_ Trust Modification  
              \_\_\_ Guardian for Adult \_\_\_ Guardian for Minor

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DL: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State ZIP: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Emails: \_\_\_\_\_

Relationship to Decedent/Ward/Beneficiary: \_\_\_\_\_

**1st Alternate Personal Representative:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**2nd Alternate Personal Representative:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**3rd Alternate Personal Representative:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**Guardian of Minor Children (if same as above, please note that):**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State ZIP: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Emails: \_\_\_\_\_

**1st Alternate Guardian:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**2nd Alternate Guardian:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**3rd Alternate Guardian:** \_\_\_\_\_

Phone/Emails: \_\_\_\_\_

**Is there anything unusual you think we need to know?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 1.02 Decedent’s Personal Data**

**Decedent:** \_\_\_\_\_  
 Alias Names (if any): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State ZIP: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ DL: \_\_\_\_\_  
 Was Decedent a U.S. citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

**Spouse/Domestic Partner:** \_\_\_\_\_  
 Alias Names (if any): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State ZIP: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death (if applicable): \_\_\_\_\_  
 Place of Death (if applicable): \_\_\_\_\_  
 Date and place of marriage/domestic partnership: \_\_\_\_\_  
 Status of Spouse: \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_ Under Conservatorship  
 Is/Was Spouse/Domestic Partner a U.S. citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If naturalized U.S. citizen, Date and Place of Naturalization: \_\_\_\_\_

**Location of Will, if any:** \_\_\_\_\_  
 Date of Will: \_\_\_\_\_  
 Location of Codicils, if any: \_\_\_\_\_  
 Date of Codicils: \_\_\_\_\_

**Location of Trusts, if any:** \_\_\_\_\_  
 Date of Trusts: \_\_\_\_\_  
 Location of Amendments, if any: \_\_\_\_\_  
 Date of Amendments: \_\_\_\_\_

**\*\*\* For Atty to fill out if no Will: Disinterested Witnesses:** \_\_\_\_\_  
 #1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 1.03**

**Section 1.04 Decedent’s Family Information**

The more complete the family tree is the better to avoid surprises.

**a. Information about Decedent’s Children:**

<b>Child’s Name</b>	<b>Living</b>	<b>Age</b>	<b>Birthdate</b>	<b>Married</b>	<b>Names of Children</b>
_____	Yes/No	___	_____	Yes/No	_____
_____	Yes/No	___	_____	Yes/No	_____
_____	Yes/No	___	_____	Yes/No	_____
_____	Yes/No	___	_____	Yes/No	_____
_____	Yes/No	___	_____	Yes/No	_____
_____	Yes/No	___	_____	Yes/No	_____

For each child, state the name of the child’s other parent (if not decedent’s surviving spouse/partner).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**b. Decedent’s Other Dependents, if any**

<b>Name</b>	<b>Age</b>	<b>Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a separate sheet, provide the following information about Decedent’s grandchildren: names, parents’ names, ages, whether living/deceased, if adopted, and addresses.

Please provide the following information regarding decedent’s former marriages, if any:

<b>Name of former spouse</b>	<b>Living</b>	<b>Death or Divorce/Date</b>
_____	Yes/No	_____
_____	Yes/No	_____

Yes/No

**c. If Decedent Left No Will, Trust, Surviving Child, or Surviving Spouse**

**Father – Is he still alive?**

**Mother – Is she still alive?**

**Names of his children – Are they still alive?**

**Names of her children – Are they still alive?**

**Paternal Grandfather -- Is he still alive?**

**Maternal Grandfather – Is he still alive?**

**Names of his children – Are they still alive?**

**Names of his children – Are they still alive?**

**Paternal Grandmother – Still alive?**

**Maternal Grandmother – Still alive?**

**Names of her children – Are they still alive?**

**Names of her children – Are they still alive?**

For each person named, we need to know if they are alive, whether they had children, and if any of the children have had children, their names, and whether they are still alive.

**Section 1.05 Important Family Questions**

Are there any minor children with learning disabilities? \_\_\_ Yes \_\_\_ No
Do any beneficiaries receive governmental support or benefit? \_\_\_ Yes \_\_\_ No
Are there any adopted children? \_\_\_ Yes \_\_\_ No
Does anyone have special education, medical, or physical needs? \_\_\_ Yes \_\_\_ No
Is anyone institutionalized? \_\_\_ Yes \_\_\_ No
Is anyone receiving Social Security, Disability, or other governmental benefits \_\_\_ Yes \_\_\_ No
Do you provide primary, or other major financial support, to adult children? \_\_\_ Yes \_\_\_ No
Have either you or your spouse been divorced? \_\_\_ Yes \_\_\_ No
In what state have you lived with your current spouse? During what periods of time did you reside there?

**If you answer yes to the following, please provide a copy of the documents in question.**

Are you making payments pursuant to a divorce or property settlement? \_\_\_ Yes \_\_\_ No
Have you or your spouse ever filed a federal or state gift tax return? \_\_\_ Yes \_\_\_ No
Have you or your spouse ever filed a federal or state estate tax return? \_\_\_ Yes \_\_\_ No
Have you or your spouse completed previous will, trust, or estate planning? \_\_\_ Yes \_\_\_ No

**Section 1.06 Asset Information**

Describe decedent’s assets. Indicate whether you think the asset is community property (CP), decedent’s separate property (DSP), or the survivor’s separate property (SSP). State the name(s) that appear on the title, if known, and state whether the property is held with right of survivorship, if known.

**a. Real Estate**

Include any real property on which decedent and/or decedent’s surviving spouse/partner are an owner, joint owner, or have an interest in any manner, including property purchased in recreational developments and time-shares. Copy this page if necessary.

Street address: \_\_\_\_\_
State/County of location: \_\_\_\_\_
Legal description (if necessary, attach a copy to this worksheet):
\_\_\_\_\_  
\_\_\_\_\_  
Current fair market value (as of date of death): \$ \_\_\_\_\_
Name of mortgage company and account number, if any: \_\_\_\_\_
\_\_\_\_\_  
Current balance of mortgage (as of date of death): \$ \_\_\_\_\_
Other liens against property: \_\_\_\_\_
Current net equity in property: \$ \_\_\_\_\_ \_\_\_ CP \_\_\_ DSP \_\_\_ SSP
Attach Deed w/legal description (not from County Tax Records)

Copy this page if necessary.

**Street address:** \_\_\_\_\_  
 State/County of location: \_\_\_\_\_  
 Current fair market value (as of date of death): \$ \_\_\_\_\_  
 Name of mortgage company and account number, if any: \_\_\_\_\_  
 Current balance of mortgage (as of date of death): \$ \_\_\_\_\_  
 Other liens against property: \_\_\_\_\_  
 Current net equity in property: \$ \_\_\_\_\_ CP DSP SSP  
 Attach Deed w/legal description (*not from County Tax Records*)

**Street address:** \_\_\_\_\_  
 State/County of location: \_\_\_\_\_  
 Current fair market value (as of date of death): \$ \_\_\_\_\_  
 Name of mortgage company and account number, if any: \_\_\_\_\_  
 Current balance of mortgage (as of date of death): \$ \_\_\_\_\_  
 Other liens against property: \_\_\_\_\_  
 Current net equity in property: \$ \_\_\_\_\_ CP DSP SSP  
 Attach Deed w/legal description (*not from County Tax Records*)

**Street address:** \_\_\_\_\_  
 State/County of location: \_\_\_\_\_  
 Current fair market value (as of date of death): \$ \_\_\_\_\_  
 Name of mortgage company and account number, if any: \_\_\_\_\_  
 Current balance of mortgage (as of date of death): \$ \_\_\_\_\_  
 Other liens against property: \_\_\_\_\_  
 Current net equity in property: \$ \_\_\_\_\_ CP DSP SSP  
 Attach Deed w/legal description (*not from County Tax Records*)

**Street address:** \_\_\_\_\_  
 State/County of location: \_\_\_\_\_  
 Current fair market value (as of date of death): \$ \_\_\_\_\_  
 Name of mortgage company and account number, if any: \_\_\_\_\_  
 Current balance of mortgage (as of date of death): \$ \_\_\_\_\_  
 Other liens against property: \_\_\_\_\_  
 Current net equity in property: \$ \_\_\_\_\_ CP DSP SSP  
 Attach Deed w/legal description (*not from County Tax Records*)

**Street address:** \_\_\_\_\_  
 State/County of location: \_\_\_\_\_  
 Current fair market value (as of date of death): \$ \_\_\_\_\_  
 Name of mortgage company and account number, if any: \_\_\_\_\_  
 Current balance of mortgage (as of date of death): \$ \_\_\_\_\_  
 Other liens against property: \_\_\_\_\_  
 Current net equity in property: \$ \_\_\_\_\_ CP DSP SSP  
 Attach Deed w/legal description (*not from County Tax Records*)



**Mineral Interests**

Include any property in which the parties own any mineral interest separate from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells. *Copy this page if necessary.*

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Name of producer/operator: \_\_\_\_\_  
Current value (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Attach Deed w/legal description (*not from County Tax Records*)

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_ Percent of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Name of producer/operator: \_\_\_\_\_  
Current value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Attach Deed w/legal description (*not from County Tax Records*)

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_ Percent of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Name of producer/operator: \_\_\_\_\_  
Current value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Attach Deed w/legal description (*not from County Tax Records*)

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_ Percent of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Name of producer/operator: \_\_\_\_\_  
Current value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Attach Deed w/legal description (*not from County Tax Records*)

**Name of mineral interest/lease/well:** \_\_\_\_\_  
Type of interest: \_\_\_\_\_ Percent of interest: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Name of producer/operator: \_\_\_\_\_  
Current value (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Attach Deed w/legal description (*not from County Tax Records*)

**b. Stocks, Bonds, Brokerage/Mutual Fund Accounts**

Include securities that are **not** in a brokerage account, mutual funds, and **not** in a qualified retirement plan fund (use **Retirement Plans** on p.14). *Copy this page if necessary.*

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts, if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts, if any): \_\_\_\_\_

Type: (common/preferred stock) & Certificate numbers: \_\_\_\_\_

Date of Death Value: \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death

If so, to whom? \_\_\_\_\_

**Name of security:** \_\_\_\_\_

Number of shares: \_\_\_\_\_

Type: (common stock/preferred stock/bond/other) \_\_\_\_\_

Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Current market value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death

If so, to whom? \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts, if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death

If so, to whom? \_\_\_\_\_

**Name of brokerage firm/mutual fund:** \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death

If so, to whom? \_\_\_\_\_

**c. Cash, Notes, and Mortgages**

Include cash, traveler’s checks, money orders, and accounts with banks, savings banks, credit unions, etc. *Copy this page if necessary.*

Cash on hand: \_\_\_\_\_  
Traveler’s checks: \$ \_\_\_\_\_ Money orders: \$ \_\_\_\_\_

**Accounts (at financial institutions) – checking, savings, money market, CDs:**

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death  
If so, to whom? \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death  
If so, to whom? \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death  
If so, to whom? \_\_\_\_\_

**Name of financial institution:** \_\_\_\_\_  
Account title: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: (checking/savings/money market/CD/Other) \_\_\_\_\_  
Current account balance (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
Is this account: \_\_\_ Joint with Right of Survivorship \_\_\_ Pay/Transfer on Death  
If so, to whom? \_\_\_\_\_

**Who owes Decedent money?** \_\_\_\_\_  
Original Amount: \$ \_\_\_\_\_  
Note and Terms: \_\_\_\_\_  
Current balance (as of date of death): \$ \_\_\_\_\_ Years/Months remaining \_\_\_\_\_  
Status: \_\_\_\_\_  
Special Conditions: \_\_\_\_\_

**d. Life Insurance (also include Life Insurance on Surviving Spouse)**

*Copy this page if necessary.*

**Name of insurance company:** \_\_\_\_\_  
 Date of issue: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Name of owner: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_  
 Designated beneficiary: \_\_\_\_\_  
 Type of insurance: (term/whole/universal) Face amount: \$ \_\_\_\_\_  
 Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
 Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
 Date of issue: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Name of owner: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_  
 Designated beneficiary: \_\_\_\_\_  
 Type of insurance: (term/whole/universal) Face amount: \$ \_\_\_\_\_  
 Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
 Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
 Date of issue: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Name of owner: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_  
 Designated beneficiary: \_\_\_\_\_  
 Type of insurance: (term/whole/universal) Face amount: \$ \_\_\_\_\_  
 Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
 Cash surrender value: \$ \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
 Date of issue: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Name of owner: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_  
 Designated beneficiary: \_\_\_\_\_  
 Type of insurance: (term/whole/universal) Face amount: \$ \_\_\_\_\_  
 Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
 Cash surrender value: \$ \_\_\_\_\_

**e. Jointly Owned Property**

<b>Asset</b>	<b>Value</b>	<b>Co-Owner</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**f. Miscellaneous, Safe Deposit Boxes, Agricultural, Vehicles, Intellectual Properties, Retirement Plans, Business Interests**

**Miscellaneous Property**

Decedent’s Household Goods and Personal Effects with Spouse	\$ _____
Joint Household Goods and Personal Effects with Spouse	\$ _____
Employer’s Death Benefit (if not in life insurance category)	\$ _____
QTIP Interests	\$ _____
Insurance owned on life of another	\$ _____
Refunds – including income tax refunds	\$ _____
Interests in trusts (not Revocable Living Trust)	\$ _____
Reporting Stock Options	\$ _____

**Agricultural Assets (not real property)**

Farm Equipment	\$ _____
Ranch Equipment	\$ _____
Supplies	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Animals (type _____)	\$ _____
Other	\$ _____
Other	\$ _____

**Vehicles (see next page for additional information needed on each vehicle)**

Personal Automobiles	\$ _____
Aircraft (type _____)	\$ _____
Boats, Personal Watercraft	\$ _____
Ships, Yachts	\$ _____
Motorcycles, Bicycles, All Terrain Vehicles	\$ _____
Recreational Vehicles	\$ _____
Other	\$ _____

**Other Miscellaneous Property (Include Patents, Copyrights, and Trademarks)**

Including household furniture, furnishings, fixtures, electronics and computers, antiques, artwork, collections, sporting goods, jewelry and other personal items, etc. *Copy this page if necessary.*

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Description of Asset:** \_\_\_\_\_  
**Owner:** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Safe Deposit Boxes:**

**Name of depository:** \_\_\_\_\_  
**Box number:** \_\_\_\_\_  
**Names of persons with access to contents:** \_\_\_\_\_  
**Items in safe-deposit box:** \_\_\_\_\_  
 \_\_\_\_\_

**Name of depository:** \_\_\_\_\_  
**Box number:** \_\_\_\_\_  
**Names of persons with access to contents:** \_\_\_\_\_  
**Items in safe-deposit box:** \_\_\_\_\_  
 \_\_\_\_\_

**Motor Vehicles, Boats, Airplanes, Cycles, Etc.**

Include mobile homes, trailers, and recreational vehicles. *Copy this page if necessary.*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Name of creditor if loan against vehicle: \_\_\_\_\_  
 Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP  
 Current balance (as of date of death): \$ \_\_\_\_\_  
 Kelley Blue Book Value: \_\_\_\_\_ Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Name of creditor if loan against vehicle: \_\_\_\_\_  
 Current balance (as of date of death): \$ \_\_\_\_\_  
 Date of Death balance: \$ \_\_\_\_\_ Date of Death equity in vehicle: \$ \_\_\_\_\_  
 Kelley Blue Book Value: \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Name of creditor if loan against vehicle: \_\_\_\_\_  
 Date of Death balance: \$ \_\_\_\_\_ Date of Death equity in vehicle: \$ \_\_\_\_\_  
 Kelley Blue Book Value: \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Name of creditor if loan against vehicle: \_\_\_\_\_  
 Date of Death balance: \$ \_\_\_\_\_ Date of Death equity in vehicle: \$ \_\_\_\_\_  
 Kelley Blue Book Value: \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Name of creditor if loan against vehicle: \_\_\_\_\_  
 Date of Death balance: \$ \_\_\_\_\_ Date of Death equity in vehicle: \$ \_\_\_\_\_  
 Kelley Blue Book Value: \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Retirement Plans For Decedent**

Including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP



**Retirement Plans for Decedent’s Spouse**

Including Defined Contribution Plans, Defined Benefit Plans, IRA’s, SEP’s, KEOGH’s, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state, and local, etc. *Copy this page if necessary.*

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of plan:** \_\_\_\_\_  
Name of plan administrator: \_\_\_\_\_  
Administrator address: \_\_\_\_\_  
Type: IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_  
Account Title: \_\_\_\_\_ Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current account balance (as of date of death):\$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Business Interests**

Include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other non-publicly traded business entities. *Copy this page if necessary.*

**Name of business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Type of business organization:** \_\_\_\_\_  
**Percentage of ownership:** \_\_\_\_\_  
**Number of shares owned (if applicable):** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Name of business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Type of business organization:** \_\_\_\_\_  
**Percentage of ownership:** \_\_\_\_\_  
**Number of shares owned (if applicable):** \_\_\_\_\_  
**Value (as of date of death):** \$ \_\_\_\_\_  CP  DSP  SSP

**Business Personal Property** (i.e., patents, copyrights, trademarks, royalties, rental equipment for lease to others etc.)

<b>Item Identification</b>	<b>Location</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**g. Transfers During Decedent’s Life**

Transfers with a Retained Life Estate \$ \_\_\_\_\_  
 Transfers taken Effect at Death \$ \_\_\_\_\_  
 Revocable Transfers \$ \_\_\_\_\_  
 Transfers within 3 years of Death \$ \_\_\_\_\_

**h. Powers of Appointment**

General Power of Appointment held at Death \$ \_\_\_\_\_  
 Holder Releases or Exercise of General Power of Appointment \$ \_\_\_\_\_  
 Lapses of Powers and “5 and 5” Exceptions \$ \_\_\_\_\_  
 Transfers within 3 years of Death \$ \_\_\_\_\_

**i. Annuities**

*Copy this page if necessary.*

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

**Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums (monthly/quarterly/semiannually): \$ \_\_\_\_\_  
Value (as of date of death): \$ \_\_\_\_\_ CP \_\_\_ DSP \_\_\_ SSP

## Section 1.07 Firearms

***The illegal transfer of any firearm is a felony! Penalties for both the transferor and the transferee are up to 10 years in prison and a \$250,000 fine PER FIREARM! Applicable laws include the National Firearms Act of 1934, the Gun Control Act of 1968, and numerous state laws. Transfers of handguns to a person out of state are often illegal.***

Be as accurate as possible in answering these questions so we can find legal solutions to potential problems.

### **Firearms:**

List ***all*** firearms on a separate page and approximate value, if known. Include manufacturer, model (if known), serial numbers, and accessories (such as magazines and capacity of magazines). ***Note that some states have restrictions on magazine capacity.***

How many rifles did decedent own/possess? \_\_\_\_\_

How many shotguns did decedent own/possess? \_\_\_\_\_

How many handguns did decedent own/possess? \_\_\_\_\_

### **Executors, Administrators, Trustees, potential Heirs, Beneficiaries, and Distributees:**

Has any potential executor, administrator, trustee; potential heir, beneficiary, or distributee:

Been convicted of a felony?  No  Yes (explain)

Been convicted of domestic or family violence?  No  Yes (explain)

Been adjudicated or diagnosed with mental issues?  No  Yes (explain)

In or been in a mental institution?  No  Yes (explain)

Renounced his or her US citizenship?  No  Yes (explain)

A fugitive from justice?  No  Yes (explain)

An illegal alien?  No  Yes (explain)

Subject to restraining order for harassing, stalking, or threatening an intimate partner?  No  Yes (explain)

Under 18 for shotgun or rifle?  No  Yes (explain)

Under 21 for handgun?  No  Yes (explain)

Live out of state?  No  Yes (explain)

### **Decedent:**

Did decedent have a Federal Firearms License?  No  Yes

Did decedent have a tax stamp for any firearm or accessory?  No  Yes

Did decedent own any Class III / Title 2 weapons (see below):

Machine guns  No  Yes

Short-barreled rifles  No  Yes

Short-barreled shotguns  No  Yes

Sound suppressors (silencers)  No  Yes

Any Other Weapon (AOWs), or  No  Yes

Destructive devices  No  Yes

Provide any explanations or other information you think might be relevant on a separate sheet.

## Section 1.08 Decedent's Liabilities

### **Liabilities: List all liabilities and debts below:**

1. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
2. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
3. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
4. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
5. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
6. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
7. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
8. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
9. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_
  
10. Name of Company \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ in the name of \_\_\_\_\_

## **Section 1.09 Checklist of Items and Information to Bring to Appointment**

- 1) All original documents including any of the following in your possession:
  - Trust Agreement and any amendments
  - Certificate of Trust
  - Will
  - Community/Pre-nuptial Agreement entered into in any state
  - Deeds and other documents
  - Vehicle titles
  - Abstracts or most recent title insurance policy(ies) for real estate
  - Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
  - Certified copy of Death Certificate
  - Business agreements such as buy sell or corporate redemption agreements, stockholder or partnership agreements
  
- 2) Copies of:
  - Most recent property tax bills on real estate
  - Any appraisals on real estate which have been completed in the past two years
  - Last statement on savings accounts, certificates of deposit, money market accounts, and other assets existing on the date of death
  - Any mortgages secured by real estate
  - Last statement on debts of decedent or trust existing on date of death
  - Gift tax returns, if any have been filed
  - Income tax returns for last three years
  - Paid funeral bills
  - Texas intangible tax return (most recent)
  - Financial statements prepared by accountant
  - Government, municipal, and corporate bonds
  - Pension and profit-sharing plans and summary of current benefits
  - Leases
  - Instruments under which client has any interest or power of appointment
  - Judgments of dissolution of marriage
  - Court orders or agreements under which client is obligated to provide support
  - Wills of other family members, if pertinent
  
- 3) Checkbooks and any outstanding bills that arrive.

4) Please verify information and insert missing information listed below.\*

Beneficiary	Relationship to Decedent	Address	Taxpayer ID #	Telephone #

\* If you are aware that any beneficiary has a guardian or if assets will be distributed in trust for any beneficiary, please bring address of guardian and/or trustee. If any beneficiary is a minor or if a beneficiary receives a distribution at a certain age, please bring date of birth. If any beneficiary listed is not surviving, please bring date of death

**Special Notes – Anything you think we need to know:**

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## Client Information Sharing Authorization

Please permit the person(s) or company(ies) I have referred to below access to my confidential file. Each spouse should initial the specific information they are willing to have Haiman Hogue, PLLC, share.

**Client Name(s):** (please print): \_\_\_\_\_

**Client Name(s):** (please print): \_\_\_\_\_

**Information Haiman Hogue, PLLC, may share:**

- \_\_\_\_\_ Personal Information Form/Client Information Worksheet
- \_\_\_\_\_ Design Meeting Information Package – Additional Family Information, Family Tree, and Financial Information
- \_\_\_\_\_ Estate Plan Design
- \_\_\_\_\_ Estate Plan Summary
- \_\_\_\_\_ All Estate Plan Documents (specify individual documents separately)
- \_\_\_\_\_ Probate/Trust Administration Information

**The above information may be shared with each of the following individuals or companies:**

- \_\_\_ Attorney 1 \_\_\_\_\_
- \_\_\_ Attorney 2 \_\_\_\_\_
- \_\_\_ CPA/EA \_\_\_\_\_
- \_\_\_ Financial Services \_\_\_\_\_
- \_\_\_ Insurance Agents \_\_\_\_\_
- \_\_\_ Trust Department \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**By our signatures below, we agree to hold Haiman Hogue, PLLC harmless for sharing this information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## AUTHORIZATION FOR RELEASE OF INFORMATION

RE:           Trust/Estate: \_\_\_\_\_  
               Decedent:        \_\_\_\_\_

              Date of death: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I am the Trustee/Personal Representative of the above-referenced trust/estate. My attorney is the Law Firm of Haiman Hogue, PLLC, whose address is 2595 Dallas Parkway, Suite 100, Frisco, Texas 75034.

Consent and Authorization. I give my consent to and authorize any third party, including, but not limited to, Financial Advisors, Insurance Professionals, CPA/Accountants, Stockbrokers, Stock Transfer Agents, Bankers, and Investment & Financial Institutions, such as brokerage and wire houses, etc., to release to my attorney, or its representatives, any and all information, including, but not limited to, the following:

1. Account(s), account number(s), or other matter(s) relating to the above-referenced trust(s) or decedent(s);
2. Records, reports, or other information.
3. Any and all information regarding all financial investments and taxes, including any information in regards to stocks, bonds, certificates of deposit, bank accounts, real-property matters, tax returns, retirement accounts, pension plans, or any other asset(s)/document(s).

Further, I authorize any third party holding such information to release information to my attorney, or their representatives. This includes, but is not limited to, the following:

1. Any previous Estate Planning documents, such as will(s), trust(s), and power(s) of attorney; and
2. All financial matters, such as accounting records, tax returns, legal documents, financial records, and information.

Release. I release financial professionals, insurance professionals, CPA/accountants, attorneys, stockbrokers, stock transfer agents, bankers, brokerage relationships and other financial institutions, or other third parties from any liability for releasing the above-referenced information to my attorneys, or their representatives, in reliance on this consent.

Waiver of Privilege; Release. I understand that any and all communications between me and my attorney are privileged and protected from disclosure by the attorney-client relationship. I also understand that I am in no way obligated to waive my right to attorney/client privilege.

I release my attorneys, or their representatives, from any liability for releasing the above-referenced information to a financial professional, insurance professional, CPA/accountant, or stockbroker in reliance on this consent.

Photocopies and Examination. This authorization includes photocopying or examination of all records, statements, and any other information in possession of a third party.

Effective Date of This Authorization. This Authorization shall become effective as of the date it is signed and shall remain effective for two years.

**I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.**

A PHOTOCOPY OF THIS RELEASE AUTHORIZATION SHALL BE AS FULLY EFFECTIVE AS THE ORIGINAL. THIS REVOKES ALL PREVIOUS AUTHORIZATIONS.

Your full cooperation with my attorney is requested. Thank you for your assistance in this matter.

Dated: _____
_____
Signature of Trustee/Personal Representative
_____
Printed Name

## Authorization to Obtain EIN

Re: \_\_\_\_\_, Individually and as Trustee/Personal Representative  
of the \_\_\_\_\_

To Whom It May Concern:

I hereby authorize Haiman Hogue, PLLC to receive the EIN requested for the estate of \_\_\_\_\_ and to answer any questions or otherwise receive any information concerning the preparation of Form SS-4 prepared and submitted on my behalf. Any questions or requests for information concerning this Authorization should be directed to my attorneys, Haiman Hogue, PLLC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Printed Name