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ESTATE PLANNING INFORMATION

Thank you for contacting us about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Completing it is optional. If you choose to complete it, fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Either mail the completed form to us at the above address or bring it with you to your estate planning appointment.

Personal Information		
Full Name:	You	Your Spouse
Nickname or Preferred Name		
Birth Date		
Social Security Number		
Occupation		
Estimated Annual Income from Salary, Bonuses, Etc.		
Estimated Annual Investment Income (dividends, interest, etc.)		
Work Telephone		
Work Fax		
Mobile/Pager		
E-mail Address		
Home Address (include County)		
Home Telephone		
Email Address		

[Type here]

Personal Information		
Date and Place of Marriage		
If you have lived outside New Mexico during this marriage, please list the states and dates of residence		
	You	Your Spouse
If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce		
Describe any real estate owned by either or both of you outside of New Mexico		
Location of Safe Deposit Box (if any)		
Name and Telephone of your Insurance Agent (if any)		
Name and Telephone of your Accountant (if any)		
Name and Telephone of your Broker or Financial Planner (if any)		
Physician's Name, Address and Phone Number		
Children		
Full Name	Birth Date	Address (if child does not reside with you) & Phone Number

[Type here]

Personal Information		
Assets		
Description	Current Fair Market Value	How is title held?*
Bank Accounts (<i>not IRAs and Retirement plans</i>)		
Stocks, (Bonds and Mutual Funds (<i>not IRAs and Retirement plans</i>))		
Closely held Businesses, Partnerships, etc.		
Real Estate		
Automobiles, Boats, etc.		
Other Property		
Total		

- If you know if the property is your separate property, your wife's separate property or community property, so state. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

[Type here]

Liabilities	
Description	Amount
Mortgages	

Other Liabilities	
Total	

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s and Other Retirement Plans				
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit
Total				

[Type here]

Dispositive Plan: (describe in general terms how you wish to leave your property at death)			
Other Beneficiaries (information about persons other than your spouse and descendants who you wish to benefit)			
Full Name	Age	Address	Relationship to you

[Type here]

Fiduciaries		
(List name, address, home or mobile telephone and relationship to you for each person)		
	You	Your Spouse
Personal Representative: (the Personal Representative is the person responsible for probating the Will, filing the estate tax return and distributing assets to beneficiaries)		
First Alternate Personal Representative		
Second Alternate Personal Representative		
Trustee: (the Trustee is the person responsible for long-term management of property for the surviving spouse, children or other beneficiaries)		
First Alternate Trustee		
Second Alternate Trustee		
Guardian of Minor Children: (the Guardian is the person who will take physical care of minor children should both parents die)		
First Alternate Guardian		
Second Alternate Guardian		
Property Agent: (the Property Agent is the person who will handle your financial affairs if you become incapacitated)		
First Alternate Property Agent		
Second Alternate Property Agent		
Health Care Agent: (the Health Care Agent is the person who will make medial decisions for you if you become incapacitated)		
First Alternate Health Care Agent		
Second Alternate Health Care Agent		