



ESTATE PLANNING QUESTIONNAIRE

CLIENT INFORMATION

1. NAME: _____

2. ADDRESS: _____

Have you ever lived in a state other than Texas? If so, give details (where and when?)

3. PHONE NUMBER(S)

a. Home: _____

b. Office _____

c. Fax: _____

4. MARITAL HISTORY

a. Currently married? Yes _____; No _____. If yes, complete the following:

i. Name of spouse: _____

ii. Date of marriage: _____

b. Widowed? Yes _____; No _____. If yes, complete the following:

i. Deceased spouse's name _____

ii. Date of death _____

iii. Residence at date of death: _____

iv. Did spouse leave a will? Yes _____; No _____. If yes, get copy of will.

c. Divorced? Yes _____; No _____. If yes, complete the following:

i. Name of ex-spouse: _____

ii. Date of divorce: _____

iii. Place of divorce: _____

5. CHILDREN

List any children born to or adopted by client:

	<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>	<u>Alive?</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

Are any of the above children from a prior marriage? If so, indicate which children.

6. Is there anybody other than a spouse and children who client financially supports? (for example, a grandchild or parent)? If so, give details

7. CURRENT ESTATE PROFILE

- a. Does any family member have significant long-term health problems or other special needs? _____
- b. Do you know (or do you expect to) support anyone other than a child, such as a parent?

- c. Have you lived in any states other than your current state during your marriage?

- d. Do you and your spouse have pre-nuptial agreement? _____. If so, please attach.
- e. Do you (or your spouse) expect a significant inheritance? _____. If yes, please explain.

- f. Have you (or your spouse) created any trusts? _____. If yes, please attach a copy.
- g. Are you (or your spouse) a beneficiary of any trusts? _____. If yes, please attach a copy.
- h. Have you (or your spouse) ever filed a federal gift tax return? _____. If yes, please attach a copy.

- i. Do you (and your spouse) have a durable power of attorney? _____. If yes, please attach a copy.
- j. Do you (and your spouse) have a will or living trust? _____. If yes, please attach a copy.
- k. Do you (and your spouse) have a living will? _____. If yes, please attach a copy.
- l. Would you like to discuss a gift program to your children, or a trust for their benefit? _____.
- m. Do you have any assets located in other states? _____. If yes, please explain.

8. ASSETS

a. Real Property

i. Residence

- 1. Address: _____
- 2. Date acquired: _____
- 3. Mortgage? If so, what is the balance owing? _____

ii. Other

- 1. Address: _____
- 2. Date acquired: _____
- 3. Mortgage? If so, what is the balance owing? _____

b. Cash

- i. On Hand? Amount: _____
- ii. Savings/Bank Accounts
 - 1. Institution: _____
 - Amount: _____
 - Name on account: _____
 - 2. Institution: _____
 - Amount: _____
 - Name on account: _____

c. Business Interests. Describe any such interest:

d. Life Insurance. List policies owned by client or spouse of client:

	<u>Company</u>	<u>Policy No.</u>	<u>Date Acquired</u>	<u>Insured</u>	<u>Face Amount</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

e. Retirement Plans (including IRAs)

- i. Institution: _____
Amount: _____
Name on Account: _____
Beneficiary: _____
- ii. Institution: _____
Amount: _____
Name on Account: _____
Beneficiary: _____

f. Automobile and Vehicles (including boats and trailers)

	<u>Make</u>	<u>ID No.</u>	<u>Date Acquired</u>	<u>Owner</u>	<u>Amount Owing</u>
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

g. Furniture, Household goods, and Personal Effects. Describe any items of particular sentimental or economic value:

h. Other

9. WILL PROVISIONS

a. Executor (person who will administer estate)

i. Primary

Name: _____

Address: _____

Relationship to client: _____

ii. First Alternate
Name: _____
Address: _____
Relationship to client: _____

iii. Second Alternate
Name: _____
Address: _____
Relationship to client: _____

b. Guardian (person who will care for minor children) (co-guardians must be married)

i. Primary
Name: _____
Address: _____
Relationship to client: _____

ii. First Alternate
Name: _____
Address: _____
Relationship to client: _____

c. Beneficiaries of Estate (Give alternatives)

i. Personal property (including vehicles). Give name of beneficiary and what item(s) each person is to receive. Do not list specific items if all such property is to be given to a single person or to a class of persons (for example, "all to my children who survive me in equal shares).

ii. Other assets

iii. Rest of Estate

10. FUNERAL/BURIAL INSTRUCTIONS? Also, inform next of kin.

11. OTHER ESTATE PLANNING DOCUMENTS you should consider completing at time you do your Will:

a. Statutory Durable Power of Attorney: This document allow your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, ban account transactions, etc. This document can be made effective at the time you sign it or become effective only when you are determined to be mentally physically incompetent.

i. Primary

Name: _____

Address: _____

Relationship to client: _____

ii. First Alternate

Name: _____

Address: _____

Relationship to client: _____

iii. Second Alternate

Name: _____

Address: _____

Relationship to client: _____

b. Health Care Power of Attorney: This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them. It becomes effective only upon your incapacity as certified by your physician.

i. Primary

Name: _____

Address: _____

Relationship to client: _____

Telephone #: _____

ii. First Alternate

Name: _____

Address: _____

Relationship to client: _____
Telephone # : _____

iii. Second Alternate

Name: _____
Address: _____
Relationship to client: _____
Telephone #: _____

c. Directive to Physicians: This document is also referred to as a “living will.” It instructs physician(s) and hospitals not to use any artificial life support in the event you are diagnosed with a terminal illness or condition and your death is imminent. This document allows you to appoint an agent to make those decisions if you are not able, however, appointing an agent is optional.

d. Appointment of Agent to Control Disposition of Remains: This document allows your agent to have control over your remains after your death. The person to whom you give control will be held financially responsible for the costs associated with the disposition of your remains so you will want to make sure that this person also has access to funds to handle the disposition as you have requested.

i. Primary

Name: _____
Address: _____
Relationship to client: _____

ii. First Alternate

Name: _____
Address: _____
Relationship to client: _____

iii. Second Alternate.

Name: _____
Address: _____
Relationship to client: _____

e. Declaration of Guardian if the Event Need Arises: This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship, however, if one is instituted, the durable power of attorney is automatically revoked. The best part of this document is that you can designate who you do not want to serve as your guardian and the judgment cannot appoint those persons you excluded as your guardian. Under law, if you have not completed this document, a guardian will be appointed under

the following order: (1) spouse, (2) parent, (3) adult child, (4) adult sibling, or (5) other qualified person.

i. Name of persons you would want to serve as a guardian for you (in order of choice):

- a. _____
- b. _____
- c. _____

ii. Name of all persons you would NOT want to serve as a guardian for you.

- a. _____
- b. _____
- c. _____