

Estate Planning Questionnaire (for married persons)

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date: _____

1. Full names of both spouses (as you will sign your wills)

2. Address

Has either of you ever lived in any state other than Texas? _____

Other States

Date you moved to Texas

Husband _____

Wife _____

3. Phone Numbers and Email Addresses

a. Home Phone _____

b. Husband's Cell _____

c. Wife's Cell _____

d. Husband's email address: _____

e. Wife's email address: _____

4. Birthdates: His _____ Hers _____

Country of Citizenship: His _____ Hers _____

Social Security Numbers (optional)

a. Husband's: _____

b. Wife's: _____

5. Employer & Occupation, Work Phone, and Yearly Income

Husband _____

Wife _____

6. Please describe the nature of any health concerns or risks you or your spouse are facing or that you or your spouse are aware of at present. _____

7. Marital History

a. Are you currently married? Yes No

Date & state of marriage: _____

Was there a premarital agreement? _____

b. Widowed?

Him

Yes No

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes No

Was it probated? Yes No

(please include a copy of the will)

Her

Yes No

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes No

Was it probated? Yes No

(please include a copy of the will)

c. Divorced?

Him

Yes No

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

Her

Yes No

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

d. Are there any premarital or post-marital agreements in effect? Yes No

(please include a copy)

8. Children & Grandchildren (please include any who are deceased)

a. Children of this marriage Birthdate Residence Address, City, State, and ZIP

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

b. His children of previous marriage Birthdate Residence Address, City, State, and ZIP

1. _____

Mother's name and address: _____

2. _____

Mother's name and address: _____

3. _____

Mother's name and address: _____

4. _____

Mother's name and address: _____

5. _____

Mother's name and address: _____

6. _____

Mother's name and address: _____

c. Her children of previous marriage Birthdate Residence Address, City, State, and ZIP

1. _____

Father's name and address: _____

2. _____

Father's name and address: _____

3. _____

Father's name and address: _____

4. _____

Father's name and address: _____

5. _____

Father's name and address: _____

6. _____

Father's name and address: _____

d. Grandchildren Birthdate Residence Address Parents' Names

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

e. Are any of the children or grandchildren deceased? If so, please include their date of death. _____

f. Are any of your children or grandchildren receiving government benefits? _____

g. Do any of your children or grandchildren have a history of mental or emotional illness or of alcohol and drug abuse? Are you concerned about any of these issues with regards to any of your children or grandchildren in particular? _____

9. Assets

a. Real Estate

Address Approx. Value Mortgage Balance

Residence _____

Other _____

Other _____

b. Savings/Checking/Brokerage Accounts

Account Type Financial Institution Approx. Value or Balance

c. IRA Name, Institution/Custodian, Balance, Primary Beneficiary, and Secondary Beneficiary.

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type, Institution/Administrator, Balance, Primary Beneficiary, and Alternate Beneficiary

Yearly Contribution (for defined contribution plans): _____

e. Life Insurance (list cash value and payoff value) _____

Institution/Administrator, Cash Value (if any), Payoff Amount, Primary Beneficiary, and Alt. Beneficiary

f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, digital assets, intellectual property, etc.) _____

h. Anticipated Inheritance

Name of Person Who May Leave You Something _____

Relationship _____

Rough Estimate of Amount _____

i. Family-owned Business Information

Name _____

Address _____

Description _____

EIN _____

j. Other Business Interests

Name of entity _____

Description, type of entity, and ownership arrangement (sole proprietorship, partnership, S-corp., C-corp., LLC, PLLC, LLP, etc.) _____

Percent of ownership, shares owned, or membership interests owned _____

Approx. Value _____

Number of Employees _____

k. Automobiles & Vehicles (including boats & trailers)

Make & Year	Date Acquired	Owner on Title	Issuer State	Value	Loan
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l. Do you consider any of these assets to be separate property, and, if so, why?

10. Income sources (other than primary salary income or income from self-employment already listed above).

Name of Source	Annual Amount
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11. Liabilities (excluding mortgages or car loans listed above)

Description	Amount
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1. Consumer Debts _____

2. Business Debts _____

3. Guarantees _____

12. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
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13. Dispositive Plan

a. Do you presently have a will? Yes No

(please include a copy, if readily available)

b. Please list your estate planning objectives and any questions you may have. _____

c. In general, to whom do you want your estate to be distributed?

1. Husband:

2. Wife:

d. Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who may be incapacitated and who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to these descendants?

14. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs or family member or close personal friend who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You should also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

His

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Trustee for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

Hers

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Trustee for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Guardian for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Guardian for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

15. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way. Spouses often name each other as their primary agents.

His

Primary

Name: _____

Address: _____

Relationship: _____

Telephone: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Hers

Primary

Name: _____

Address: _____

Relationship: _____

Telephone: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

b. Medical 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 yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

His

Primary

Name: _____

Address: _____

Relationship: _____

Telephone: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Hers

Primary

Name: _____

Address: _____

Relationship: _____

Telephone: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone: _____

c. Living Wills

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- Comfort treatment only.
- All available life-sustaining treatments.
- Undecided for now.

Her:

- Comfort treatment only.
- All available life-sustaining treatments.
- Undecided for now.

2. An “irreversible condition” is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- Comfort treatment only.
- All available life-sustaining treatments.
- Undecided for now.

Her:

- Comfort treatment only.
- All available life-sustaining treatments.
- Undecided for now.

d. Declaration of Guardian in 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 a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

His

Hers

Guardian for Financial Purposes:

Guardian for Financial Purposes:

Primary: _____

Primary: _____

Alternates: _____

Alternates: _____

Guardian for Health Care Purposes:

Guardian for Health Care Purposes:

Primary: _____

Primary: _____

Alternates: _____

Alternates: _____

Persons you wish to exclude:

Persons you wish to exclude:

16. Authorized Disclosure Agent / Emergency Contact

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Telephone: _____

Telephone: _____