

Estate Planning Questionnaire (for single 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 name (as you will sign your will) _____

2. Address _____

County _____

Have you ever lived in any state other than Texas? _____

State _____ Date you moved to Texas _____

3. Phone Numbers

a. Cell _____

b. Home _____

c. Work _____

d. Email address: _____

4. Birthdate: _____ Country of Citizenship: _____

Social Security Number (Optional): _____

5. Occupation and Employer Name: _____ Yearly Income: _____

6. Please describe the nature of any health concerns or risks you may be facing or that you are aware of at present.

7. Marital History

a. Are you currently married? Yes No

Date & state of marriage: _____

Spouse Name: _____

b. Widowed? Yes No

Name of deceased spouse _____

Date of death _____ County/State of Residence at death _____

Did spouse leave a will? Yes No (if yes, please include a copy of the will)

Was it probated? Yes No

c. Divorced? Yes No

Name of ex-spouse _____

Date and state of divorce: _____

Financial obligation _____

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. Child's Name, Birthdate, and Residence Address, City, State, and ZIP

1. _____

Other parent's name and address: _____

2. _____

Other parent's name and address: _____

3. _____

Other parent's name and address: _____

4. _____

Other parent's name and address: _____

5. _____

Other parent's name and address: _____

6. _____

Other parent's name and address: _____

b. Grandchild's Name, Birthdate, Residence Address, City, State, and ZIP

1. _____

Parents' names and addresses: _____

2. _____

Parents' names and addresses: _____

3. _____

Parents' names and addresses: _____

4. _____

Parents' names and addresses: _____

5. _____

Parents' names and addresses: _____

6. _____

Parents' names and addresses: _____

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

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

e. 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

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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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Name of Source

Annual Amount

_____	_____
_____	_____
_____	_____

11. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
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

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?

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 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 must 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.

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

c. Guardian for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Guardian and Trustee 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 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.

Primary

Name: _____

Relationship: _____

Address: _____

Telephone: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Second Alternate (Statutory Durable POA)

Name: _____

Relationship: _____

Address: _____

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.

Primary

Name: _____

Relationship: _____

Address: _____

Telephone: _____

First Alternate

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Second Alternate

Name: _____

Relationship: _____

Address: _____

Telephone: _____

c. Living Will

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?

Comfort treatment only, All life-sustaining treatments, or Undecided.

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?

Comfort treatment only, All life-sustaining treatments, or Undecided.

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.

Guardian for Financial Purposes:

Primary: _____

Alternates: _____

Guardian for Health Care Purposes:

Primary: _____

Alternates: _____

Persons you wish to exclude:

Persons you wish to exclude:

16. Authorized Disclosure Agent / Emergency Contact

Name: _____

Relationship: _____

Address: _____

Telephone: _____