

Date: _____

ESTATE PLANNING QUESTIONNAIRE

Please help us prepare your will and ancillary documents by providing us the following information to the best of your ability. **We will keep this information strictly confidential.**

Name _____ Social Sec. No. _____

Address _____
_____ Phone Number _____

Email Address _____

Have you ever lived in state other than Texas? If yes, please give us details (where, when, how long?): _____
_____.

Marital History

Are you currently married? Yes _____ No _____. If yes, complete the following:

Spouse's name _____ Date of marriage _____

Are you widowed? Yes _____ No _____. If yes, complete the following:

Spouse's name _____ Date of death _____

Residence at date of death _____

Did your spouse have a will? Yes _____ No _____. If yes, please give us a copy.

Are you divorced? Yes _____ No _____. If yes, please complete the following:

Ex-spouse's name _____ Date of divorce _____

Place of divorce _____

Children

Please list all of your children (by birth or adoption):

Name of Child 1: _____

Birthdate: _____

Address: _____

Phone Number: _____

Are they alive? _____

Name of Child 2: _____

Birthdate: _____

Address: _____

Phone Number: _____

Are they alive? _____

Name of Child 3: _____

Birthdate: _____

Address: _____

Phone Number: _____

Are they alive? _____

Name of Child 4: _____

Birthdate: _____

Address: _____

Phone Number: _____

Are they alive? _____

Name of Child 5: _____

Birthdate: _____

Address: _____

Phone Number: _____

Are they alive? _____

Is there anyone other than your spouse and children who ***you*** support financially (for example, a grandchild or parent)? If yes, please give us details: _____

_____.

Assets

Real Property

Residence _____

Date acquired _____

Amount owed _____

Any other? _____

Date acquired _____

Amount owed _____

Cash/Bank Accounts

What amount of cash do you usually keep? \$ _____

Please list all of your bank and brokerage accounts:

Bank/Institution: _____

Balance: \$ _____

Name on Account: _____

Is it a Survivorship or Payable on Death Account? _____

Bank/Institution: _____
Balance: \$ _____
Name on Account: _____
Is it a Survivorship or Payable on Death Account? _____

Bank/Institution: _____
Balance: \$ _____
Name on Account: _____
Is it a Survivorship or Payable on Death Account? _____

Do you own an interest in any business? If yes, please give us details: _____

 _____.

Please list any insurance on your life or your spouse's life:

Insurance Company: _____
 Policy Number: _____
 Insured: _____
 Face Amount: \$ _____
 Beneficiary: _____
 Date Acquired: _____

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 Beneficiary: _____
 Date Acquired: _____

Please list any retirement plans (for example, IRAs, ESOPs, 401(k) plans):

Company/Institution	Name on Account	Amount	Beneficiary (Primary/Contingent)
1.			
2.			
3.			
4.			

Please list any cars, boats, trailers, etc.:

Make	Model	Date Acquired	Owner	Amount Owed
1.				
2.				
3.				

Describe any furniture, household goods, personal effects, or other items of particular sentimental or economic value: _____

_____.

Will Provisions

Who are the beneficiaries of your estate? Please also think about who you would like to receive your property if the persons you would normally leave it to are not alive at the time of your death.

_____.

Who do you wish to receive your household and personal property (for example, vehicles, furniture, household goods, and personal effects)? Are there any certain items that you wish to gift to specific persons? It is not necessary to list specific items if all of this type of property is given to a single person or class of persons (for example, "all to my spouse" or "all to my children who survive me, in equal shares").

 _____.

What about the rest of your assets? For example, do you want everything else you own to go to your spouse, if he or she is alive?

Yes _____ No _____.

If your spouse is ***not*** alive (or you are not married), do you want everything else to go to your children (or their children, if they are not alive)?

Yes _____ No _____.

What if you have no spouse, children, grandchildren, etc. at the time of your death? _____

 _____.

Who do you want to name as "executor" of your estate? (This is the person who will administer your estate by paying your debts and distributing your property to your beneficiaries. There are blanks for back-ups.)

*** We **HIGHLY** encourage you to list more than one person in the tables below. ***

Name	Relationship	Phone #	Address
1.			_____

2.			_____
3.			_____

Who do you want to name as "guardian" of your minor children? (This is the person who will take care of them and raise them.) Two people can act together at the same time only if they are married to each other.

Name	Relationship	Phone #	Address
1.			_____ _____
2.			_____ _____
3.			_____ _____

Durable Power of Attorney

Do you want to name someone as your "agent" or "attorney-in-fact?" This is a person who has authority to pay your bills, sell your assets, etc., if you ever become incompetent to do this yourself. Naming an agent can save a great deal in court costs and legal fees, but you should only name someone you trust completely.

Name	Relationship	Phone #	Address
1.			_____ _____
2.			_____ _____
3.			_____ _____

Power of Attorney for Health Care

Do you want to name someone as your agent for the purpose of making medical or other health care decisions for you, if you ever become incompetent to make these decisions yourself? Again, naming an agent can save a great deal, but you should name someone you trust.

Name	Relationship	Phone #	Address
1.			_____ _____
2.			_____ _____
3.			_____ _____

Directive to Physician or "Living Will"

Do you want your life prolonged, if it can only be sustained by artificial means? If not, you can sign a directive to physician, commonly known as a "living will," to express these desires. You can also name someone as your agent for the purpose of making this final decision for you when the time comes.

Name	Relationship	Phone #	Address
1.			_____
2.			_____
3.			_____

Will you give copies of your documents to anyone?

Name	Documents	Phone #	Address
1.			_____
2.			_____
3.			_____

Do you sign your name or use a mark?

Signature _____ Mark _____.

Please note that funeral or burial instructions should not be in your will. You should let your family members know if you have any special wishes. Also inform them if you want to donate any of your organs. You can obtain a form to do this where you get your driver's license.

Please let us know if there is anything else we can do to help you!