



ESTATE PLANNING QUESTIONNAIRE

****Note to client: All information you provide shall be considered confidential and protected by attorney client and other privileges**

I. PERSONAL Information on you:

Full Name: _____

Address:

_____ Street _____ City _____ State _____ Zip

Home Phone #: _____ Work Phone # : _____ Cell Phone # _____

E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Status of Health:

Length of Residence in Texas: _____

Occupation: _____

Employer(s)/ List Name and Address: _____

Previous Marriages:

How Terminated:

Full Names and birthdates of Children:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

II. RELATIVES AND BENEFICIARIES

Information on Spouse:

Full Name: _____

Address:

Street	City	State	Zip
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Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Length of Residence in Texas: _____

Previous Marriages:

How Terminated:

Full Names and birthdates of Children:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Stepchildren:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Other Beneficiaries:

Name: _____ D.O.B.: _____ Relation to you: _____

Name: _____ D.O.B.: _____ Relation to you: _____

Are adopted persons to take shares as descendants of the adoptive parents?

Yes: _____ No _____

II. SPECIFIC WILL INFORMATION

PERSONAL REPRESENTATIVE:

Name, address and relationship: _____

ALTERNATE PERSONAL REPRESENTATIVE:

Name, address and relationship: _____

GUARDIAN OF PERSON FOR CHILDREN:

Name, address and relationship: _____

TRUSTEE FOR ESTATE OF CHILDREN:

Name, address and relationship: _____

ALTERNATE TRUSTEE FOR ESTATE OF CHILDREN:

Name, address and relationship: _____

IV. ASSETS

REAL PROPERTY:

Address and Legal Description: _____

Mortgage Amount and With Whom: _____

Assessed Value: _____ Fair Market Value: _____

Address and Legal Description: _____

Mortgage Amount and With Whom: _____

Assessed Value: _____ Fair Market Value: _____

Out of State Property:

Address and Legal Description: _____

Mortgage Amount and With Whom: _____

Assessed Value: _____ Fair Market Value: _____

STOCKS AND BONDS:

<u>Name of Co.</u>	<u># of Shares</u>	<u>Name(s) on Cert.</u>	<u>Fair Market Value</u>	<u>Acct. #</u>
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MORTGAGES AND NOTES:

<u>Debtor: Name & Address</u>	<u>Security</u>	<u>Terms</u>	<u>Separate or Community</u>	<u>Present Balance</u>
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BANK ACCOUNTS:

<u>Bank/Branch</u>	<u>Whose Name</u>	<u>Acct. #/ Type</u>	<u>Separate or Community</u>	<u>Present Value</u>
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PERSONAL PROPERTY:

<u>Cars, Boats, Trailers (Make, Year, Model)</u>	<u>Name on Title</u>	<u>Separate or Community</u>	<u>Lien</u>	<u>Present Value</u>
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<u>Jewelry, Art Work, Antiques, Stamp Collections, etc.</u>	<u>Lien</u>	<u>Separate or Community</u>	<u>Present Value</u>
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FURNITURE AND FURNISHINGS:

EXPECTANCIES: (Expected gifts, inheritances, etc.)

INSURANCE:

<u>Name of Company</u>	<u>Policy #</u>	<u>Who Owns & How Its Paid For</u>	<u>Face Amt.</u>	<u>Cash Surrender Value</u>
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INSURANCE ON LIFE OF SPOUSE OR OTHER PERSON:

<u>Name of Company</u>	<u>Policy #</u>	<u>Who Owns & How Its Paid For</u>	<u>Face Amt.</u>	<u>Cash Surrender Value</u>
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PENSION, PROFIT SHARING AND RETIREMENT BENEFITS:

Name of Type of selected and by whom exercisable

<u>Company</u>	<u>Benefits</u>	<u>Beneficiary</u>
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V. **OTHER INFORMATION:**

Do you already have a will?

Yes _____

No _____

If so, state location: _____

Do you have a community property agreement?

Yes _____

No _____

If so, is it recorded?

Yes _____

No _____

Where? _____

Do you have a safe deposit box?

Yes _____

No _____

If so, state location: _____

Does anyone else have access?

Yes ____ Who? _____

No _____

Will you keep an original of this new will there?

Yes _____

No _____

If not, where? _____

Do you have any rights arising out of military service? Yes

No _____

If yes, explain: _____

Do you have any special instructions regarding burial?

Yes _____

No _____

If yes, explain: _____

Do you have an accountant?

Yes _____

No _____

If yes, please indicate name, firm name and address:

VI. INSURANCE

Do you have an insurance broker?

Yes _____

No _____

If yes, please indicate name, firm name and address:

VII. SPECIAL NEEDS

Do you have any special instructions to, or concerning, your spouse and children, i.e. special needs, objectives, education or living arrangements?

Yes _____

No _____

If yes, explain: _____

VIII. CHARITY

Do you have any specific or charitable bequests that you wish to make?

Yes ____

No _____

If yes, explain: _____

IX. SPECIAL BEQUESTS

Do you have any special bequests of specific property that you wish to make?

Yes ___

No ___

If yes, explain:

X. HEALTHCARE – POWER OF ATTORNEY AND DIRECTIVE TO PHYSICIANS

A. In the event of incapacity or inability to care for yourself, what person(s) do you trust to make healthcare decisions on your behalf? Whom do you give power of attorney authority for healthcare? (at least two persons – **Agent #1** (unrelated by blood or marriage) and **Agent #2**)

Agent #1 _____

Agent #2 _____

Address: _____

Address: _____

Telephone:

Telephone:

(____) _____

(____) _____

B. Do you have any special requests regarding healthcare or treatment in the event that your condition becomes irreversible or in your physicians view, quality of life will not be positive?

