

**ESTATE PLANNING QUESTIONNAIRE - MARRIED**

Contact Information	Husband			Wife		
Full Name:	(FIRST)	(MIDDLE)	(LAST)	(FIRST)	(MIDDLE)	(LAST)
Nickname or Preferred Name:						
Home Telephone:						
Mobile/Cellular:						
Email Address:						
Home Address: (include County)						
Personal Information	Husband			Wife		
Birth Date:						
U.S. Citizen: (If no, list country of residence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupation:						

**RELEASE OF DOCUMENTS:** Before/after the death of either or both spouses, to whom may information or documentation from your file be released: \_\_\_\_\_.

**Family Information**

Date and State of Marriage:				
If you have lived outside Texas during this marriage, list the states and dates of residences.				
	Husband		Wife	
Are Pre-marital or Post-marital agreements in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or do you expect to receive a significant inheritance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made any taxable gifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Children of Present Marriage  
(For additional children, use other side.)**

**FIRST CHILD:**

Full Name (first, middle, last):			
Home Address: (include county)			
Telephone Number:	Home -	Cell -	
Date of Birth:			
Was this child adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Death (if applicable):			

**SECOND CHILD:**

Full Name (first, middle, last):			
Home Address: (include county)			
Telephone Number:	Home -	Cell -	
Date of Birth:			
Was this child adopted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Death (if applicable):			

**THIRD CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

 Yes No

Date of Death (if applicable):

**Wife's Children of Prior Marriage  
(For additional children, use other side.)****FIRST CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

 Yes No**SECOND CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

 Yes No**Husband's Children of Prior Marriage  
(For additional children, use other side.)****FIRST CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

 Yes No**SECOND CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

 Yes No

Was this child adopted?

 Yes No

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**Assets**  
*(Please complete or attach a balance sheet.)*

		<b>Current Fair Market Value</b>	<b>How is Title Held?*</b> <b>In What Name(s)?</b>
<i>Bank Accounts (include savings, checking, etc.):</i>	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
<i>Stocks, Bonds and Mutual Funds:</i>	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
<i>Closely Held Businesses, Partnerships, etc.</i>	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
<i>Real Estate (Personal Residence):</i>			
<i>Real Estate (Vacation Home):</i>			
<i>Real Estate (Investment):</i>			
<i>Real Estate (Outside of Texas):</i>			
<i>Other Property (In or Out of Texas):</i>			

\*Community Property, Separate Property, Community Property with Rights of Survivorship, Joint Property with Rights of Survivorship. If unknown, state the name(s) which appear on the title.

**Life Insurance and Annuities**

Company	Owner	Insured	Beneficiary	Face Amount	Cash Value	Death Benefit

Total:

**IRAs, 401(k)s, and Other Retirement Plans**

Company/Custodian	Type of Plan	Participant	Beneficiary	Vested Amount	Death Benefit
				Total:	

**What Are Your Estate Planning Objectives?**

*Describe in general terms how you wish to leave your property at death to your family, friends and charities.*


**Do you have any beneficiaries with special needs?** *(Parent, child, etc.)*

**Parties to be Appointed**

Please provide the names, addresses and cell phone numbers of persons (if not already provided above) you are at least considering appointing to serve in any capacity or to receive property on your death). The attorney will review and discuss these decisions with you in full at the time of your conference.

Full Name (first, middle, last)	Address	Cell Phone Number	Birth Date/Age	Relationship
1.				
2.				
3.				
4.				
5.				