

ESTATE PLANNING QUESTIONNAIRE

Contact Information	Husband	Wife
Full Name: (as your assets are titled)		
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
State pre-marital or post marital agreements in effect:		
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.)	
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FIRST CHILD:

Full Name:	
Home Address: (include county)	
Date of Birth:	
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death (if applicable):	

SECOND CHILD:

Full Name:	
Home Address: (include county)	
Date of Birth:	
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death (if applicable):	

Husband's Children of Prior Marriage

(For additional children, use other side.)

Name of Other Parent:

Marriage Ended by:

Divorce

Death

FIRST CHILD:

Full Name:

Home Address: (include county)

Date of Birth:

Was this child adopted?

Yes

No

Date of Death (if applicable):

SECOND CHILD:

Full Name:

Home Address: (include county)

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.)

Name of Other Parent:

Marriage Ended by:

Divorce

Death

FIRST CHILD:

Full Name:

Home Address: (include county)

Date of Birth:

Was this child adopted?

Yes

No

SECOND CHILD:

Full Name:

Home Address: (include county)

Date of Birth:

Was this child adopted?

Yes

No

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.

Other Beneficiaries of Your Will or Estate Planning Documents

Full Name	Address	Birth Date/Age	Relationship to You

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

Fiduciaries

Husband

Wife

Executor: *The person responsible for probating the will, filing the estate tax return (if any), and distributing assets to beneficiaries.*

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

First Alternate Executor --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Second Alternate Executor --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Where will your original Will be kept? *(It is recommended that your Will be kept either in a safe deposit box to which your executor has full access, or a fireproof container at home, the location of which has been made known to the executor):*

Trustee: *The person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.*

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

First Alternate Trustee --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Second Alternate Trustee --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Guardian of Minor Children: *The person who will take physical care of minor children should both parents die.*

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

First Alternate Guardian --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Second Alternate Guardian --

Name:
Address:
Phone:
Relationship:

Name:
Address:
Phone:
Relationship:

Fiduciaries (continued)	Husband	Wife
Property Agent: <i>The person who will handle your property & financial affairs</i>	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
First Alternate --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
Second Alternate --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
OFFICE USE ONLY <i>(If applicable, for completion by attorney)</i>		
Health Care Agent: <i>The person who will make medical decisions for you if you become incapacitated.</i>	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
First Alternate --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
Second Alternate --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
Where will your original Medical Power of Attorney be kept (e.g., at my home in a fire-proof container)?	_____	_____
Is agent able to make gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian for Yourself: <i>The person(s) who will be the guardian of your person and your estate should you become incapacitated.</i>	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
First Alternate Guardian --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
Second Alternate Guardian --	Name: Address: Phone: Relationship:	Name: Address: Phone: Relationship:
	Husband	Wife
Physician's Directive:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No