

ESTATE PLANNING QUESTIONNAIRE

Contact Information

Full Name: (as your assets are titled)

Nickname or Preferred Name:

Home Telephone:

Mobile/Cellular:

Email Address:

Home Address: (include County)

Personal Information

Birth Date:

U.S. Citizen:
(If no, list country of residence)

Yes

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

State pre-marital or post marital agreements in effect:

Have you received or do you expect to receive a significant inheritance?

Have you made any taxable gifts?

Children of Prior Marriage(s)

(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):

Life Insurance and Annuities

Company	Owner	Insured	Beneficiary	Face Amount	Cash Value	Death Benefit
Total:						

Assets			
<i>(Please fill out or attach a balance sheet.)</i>			
		Current Fair Market Value	How is Title Held? ¹ In What Name(s)?
<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>			

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

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

Name:
Address:
Phone:
Relationship:

First Alternate Executor --

Name:
Address:
Phone:
Relationship:

Second Alternate Executor --

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:

First Alternate Trustee --

Name:
Address:
Phone:
Relationship:

Second Alternate Trustee --

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:

First Alternate Guardian --

Name:
Address:
Phone:
Relationship:

Second Alternate Guardian --

Name:
Address:
Phone:
Relationship:

Fiduciaries (continued)

Property Agent: *The person who will handle your property & financial affairs*

Name:
Address:
Phone:
Relationship:

First Alternate --

Name:
Address:
Phone:
Relationship:

Second Alternate --

Name:
Address:
Phone:
Relationship:

Health Care Agent: *The person who will make medical decisions for you if you become incapacitated.*

Name:
Address:
Phone:
Relationship:

First Alternate --

Name:
Address:
Phone:
Relationship:

Second Alternate --

Name:
Address:
Phone:
Relationship:

Where will your original Medical Power of Attorney be kept (e.g., at my home in a fire-proof container)?

OFFICE USE ONLY

(If applicable, for completion by attorney)

Is agent able to make gifts?

Yes

No

Guardian for Yourself: *The person(s) who will be the guardian of your person and your estate should you become incapacitated*

Name:
Address:
Phone:
Relationship:

First Alternate --

Name:
Address:
Phone:
Relationship:

Second Alternate --

Name:
Address:
Phone:
Relationship:

Physician's Directive

Yes

No