



Attorneys & Counselors at Law
Faithfully Serving God & Our Clients

Estate Planning Questionnaire (for Married Clients)

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date: _____

- 1. Full names of both spouses (as you will sign your wills)
2. Address, City, State and Zip Code

Has either of you ever lived in any state other than Texas?
Other States Date you moved to Texas
Husband
Wife

- 3. Phone Numbers
a. Home
b. Cell: (his)
c. Cell: (hers)
d. Fax

Social Security Numbers (optional)
a. His
b. Hers

email address(his)
email address(hers)

- 4. Birthdates: His Hers
Country of Citizenship: His Hers

5. Occupation Work Phone Yearly Income
Husband
Wife

Family-owned Business Information
Name
Address
Description
EIN

6. Marital History
- a. Are you currently married? Yes ___ No ___
Date & state of marriage: _____
- b. Widowed?
- **Him**
Yes ___ No ___
Name of deceased spouse _____
Date of death _____
Residence at death _____
Did spouse leave a will? Yes ___ No ___
Was it probated? Yes ___ No ___
(please include a copy of the will)
 - **Her**
Yes ___ No ___
Name of deceased spouse _____
Date of death _____
Residence at death _____
Did spouse leave a will? Yes ___ No ___
Was it probated? Yes ___ No ___ (please
include a copy of the will)
- c. Divorced?
- **Him**
Yes ___ No ___
Name of ex-spouse _____
Date of divorce _____
State of divorce _____
Financial
obligation _____
(please include copies of any relevant decrees, custody arrangements, separation
agreements, etc.)
 - **Her**
Yes ___ No ___
Name of ex-spouse _____
Date of divorce _____
State of divorce _____
Financial
obligation _____
(please include copies of any relevant decrees, custody arrangements, separation
agreements, etc.)
- d. Are there any premarital or post-marital agreements in effect? Yes ___ No ___
(please include a copy)
7. Children & Grandchildren (please include any who are deceased)
- a. Children of this marriage Birthdate State of Residence
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

b. His children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

c. Her children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

d. Grandchildren Birthdate State of Residence Parent's Name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

e. Are any of your descendants (children or Grandchildren) listed above deceased?
 _____ If so, please list:

8. Assets

a. Real Estate State Approx. Value Mortgage Balance

Residence _____

Other _____

Other _____

b. Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Approx. Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. IRAs Institution/Custodian Balance Primary Beneficiary

- d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary

Yearly Contribution (for defined contribution plans): _____

- e. Life Insurance (list cash value and payoff value) _____

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary

- f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, etc.) _____

- h. Anticipated Inheritance
 Name of Person Who May Leave You Something _____
 Relationship _____
 Rough Estimate of Amount _____

- i. Business Interests
 Ownership Arrangement (partnership/S-corp.,etc.) _____
 Approx. Value _____
 Number of Employees _____

- j. Automobiles & Vehicles (including boats & trailers)
- | Make & Year | Date Acquired | Owner on Title | Issuer State | Value | Loan |
|-------------|---------------|----------------|--------------|-------|------|
| | | | | | |
| | | | | | |

- k. Do you consider any of these assets to be separate property?

9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
1. Consumer Debts	_____	_____

2. Business
Debts _____

3. Guarantees _____

10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____

11. Dispositive Plan

- a. Do you presently have a will? Yes ___ No ___
(please include a copy, if readily available)
- b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

c. In general, to whom do you want your estate to be distributed?

1. Husband:

Do you have any specific gifts you wish to give to specific individuals? _____
If so, please list:

2. Wife:

Do you have any specific gifts you wish to give to specific individuals? _____

If so, please list:

- Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?

12. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs or family member or close personal friend who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You should also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

His

Hers

a. Executor

a. Executor

Primary

Primary

Name: _____ Name: _____
Address: _____ Address: _____
City & State: _____ City & State: _____
Zip Code: _____ Zip Code: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

First Alternate

First Alternate

Name: _____ Name: _____
Address: _____ Address: _____
City & State: _____ City & State: _____
Zip Code: _____ Zip Code: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Second Alternate

Second Alternate

Name: _____ Name: _____
Address: _____ Address: _____
City & State: _____ City & State: _____
Zip Code: _____ Zip Code: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

b. Guardian and Trustee for minor children

b. Guardian and Trustee for minor children

Primary

Primary

Name: _____ Name: _____
 Address: _____ Address: _____
 City & State: _____ City & State: _____
 Zip Code: _____ Zip Code: _____
 Relationship: _____ Relationship: _____
 Telephone #: _____ Telephone #: _____

First Alternate

First Alternate

Name: _____ Name: _____
 Address: _____ Address: _____
 City & State: _____ City & State: _____
 Zip Code: _____ Zip Code: _____
 Relationship: _____ Relationship: _____
 Telephone #: _____ Telephone #: _____

Second Alternate

Second Alternate

Name: _____ Name: _____
 Address: _____ Address: _____
 City & State: _____ City & State: _____
 Zip Code: _____ Zip Code: _____
 Relationship: _____ Relationship: _____
 Telephone #: _____ Telephone #: _____

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way. Spouses often name each other as their primary agents.

His

Hers

Primary

Primary

Name: _____ Name: _____
 Address: _____ Address: _____
 City & State: _____ City & State: _____
 Zip Code: _____ Zip Code: _____
 Relationship: _____ Relationship: _____
 Telephone #: _____ Telephone #: _____

First Alternate

First Alternate

Name: _____ Name: _____
 Address: _____ Address: _____
 City & State: _____ City & State: _____
 Zip Code: _____ Zip Code: _____
 Relationship: _____ Relationship: _____
 Telephone #: _____ Telephone #: _____

Second Alternate	Second Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

His	Hers
Primary	Primary
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

First Alternate	First Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

Second Alternate	Second Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

C. Medical Directive

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A “terminal condition” is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

Her:

- Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

2. An “irreversible condition” is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

Him:

- Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

Her:

- Comfort treatment only.
 All available life-sustaining treatments.
 Undecided for now.

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

His Guardian for Financial Purposes:	Hers Guardian for Financial Purposes:
Primary	Primary
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

First Alternate	First Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

Second Alternate	Second Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

Guardian for Health Care Purposes:	Guardian for Health Care Purposes:
Primary	Primary
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

First Alternate	First Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

Second Alternate	Second Alternate
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Zip Code: _____	Zip Code: _____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

The Declaration of Guardian allows you to **EXCLUDE** any individual(s) whom you **DO NOT** wish to be your guardian. Listing these individual(s) can reduce the chances of a family fight in the event that you become incapacitated or disabled to the point of needing a legal guardian to take care of you and your finances.

Persons you wish to exclude (him):

Persons you wish to exclude (her):

Please ATTACH any additional information and/or documentation that you feel would be helpful to properly assess your life circumstances and/or estate assets or liabilities.