

ESTATE PLANNING QUESTIONNAIRE  
PRIVILEGED AND CONFIDENTIAL ATTORNEY/CLIENT COMMUNICATION

(Please Print in Blue or Black Ink)

Date: \_\_\_\_\_

I.  
PERSONAL AND FAMILY INFORMATION  
(Give full names, no initials)

Spouse 1 Name: \_\_\_\_\_  
  (First)  (Middle)  (Last)

Primary Occupation: \_\_\_\_\_

Address (Include County): \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Birthdate: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Spouse 2 Name: \_\_\_\_\_  
  (First)  (Middle)  (Last)

Primary Occupation: \_\_\_\_\_

Address (Include County): \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Birthdate: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

**CHILDREN**  
(Indicate if adopted)

(If any child listed is not a child of your present marriage, please place an asterisk beside that child's name, and furnish any additional information on the reverse side of this sheet)

**1<sup>st</sup> Child**

**2<sup>nd</sup> Child**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

Children Names & Birthdates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3<sup>rd</sup> Child**

**4<sup>th</sup> Child**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

Children Names & Birthdates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III.  
NOMINATIONS

A. EXECUTOR(S) (if co-executors, indicate with an asterisk (\*). Indicate successor(s) by number).

Spouse 1 Will

Spouse 2 Will

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Alternate 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Alternate 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

B. TRUSTEES (  if same as Executor)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Alternate 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Alternate 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

C. ATTORNEY(S)-IN-FACT - Statutory Durable Power of Attorney (  if same as Executor)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Alternate 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Alternate 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

D. ATTORNEY(S)-IN-FACT - Medical Power of Attorney

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

2. Alternate 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

3. Alternate 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(PAGE INTENTIONALLY LEFT BLANK)

E. GUARDIAN(S) OF MINOR CHILDREN

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

2. Alternate 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

3. Alternate 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

(PAGE INTENTIONALLY LEFT BLANK)

IV.  
ASSET SUMMARY

(You may attach a balance sheet, account statements, and/or use the back of this page)

<u>Assets/Property</u> (Briefly describe)	<u>Value</u>	<u>Owner/Title/Insured</u>	<u>JTWROS/Bene desig</u>
A. Home (Principal)	\$ _____	_____	_____
B. Other Real Estate	\$ _____	_____	_____
C. Mineral Interests	\$ _____	_____	_____
D. Cash in Bank Accounts			
Checking:	\$ _____	_____	_____
Savings:	\$ _____	_____	_____
MM Accounts:	\$ _____	_____	_____
E. Certificates of Deposit	\$ _____	_____	_____
F. Brokerage Accounts	\$ _____	_____	_____
G. Business Interests	\$ _____	_____	_____
H. Personal Effects	\$ _____	_____	_____
I. Life Insurance	\$ _____	_____	_____
	\$ _____	_____	_____
J. Retirement Accounts	\$ _____	_____	_____
	\$ _____	_____	_____
K. Vehicles	\$ _____	_____	_____
	\$ _____	_____	_____
L. Other Assets	\$ _____	_____	_____
M. Indebtedness: (secured)	\$ _____	_____	
(unsecured)	\$ _____	_____	
<b>TOTAL Net worth</b>	<b>\$ _____</b>		

V.  
OTHER INFORMATION

A. What are your estate planning objectives?

- 1.
- 2.
- 3.

B. Do you currently have a Will, Trust, Power of Attorney or other like documents? If so, please provide a copy.

C. In general, to whom do each of you want your estates to be distributed:

1. In Spouse 1 Will: \_\_\_\_\_  
\_\_\_\_\_
2. In Spouse 2 Will: \_\_\_\_\_  
\_\_\_\_\_

D. Is there any reason to treat children (or grandchildren) other than equally?

\_\_\_\_\_  
\_\_\_\_\_

E. History of Gifts: (1) List all gifts made in excess of \$10,000 (or in excess of \$3,000 if gift was made before 1982); and (2) list all gifts of life insurance:

<u>Date of Gift</u>	<u>Donor</u>	<u>Donee</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Have you or your spouse ever filed a gift tax return? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list years, and attach copies of all returns.

G. Do you have any expected inheritances from your parents or other relatives?

<u>Person who may Leave You Something</u>	<u>Relationship</u>	<u>Age</u>	<u>Estimated Value of Your Interest</u>
_____	_____	_____	_____



---

---

H. Describe any other contingent asset you are entitled to receive, i.e., negligence recovery, contract rights.

---

---

---

I. Is this a second marriage for either of you? \_\_\_\_\_

Do you have a pre-marital agreement? \_\_\_\_\_

Do you have a post-marital agreement? \_\_\_\_\_

If either of you have been divorced, do you have any payment obligations to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.

J. Did you acquire any of your property while a resident of any state other than Texas? (List by state and property).

---

---

K. Do you own any real property located outside of Texas? (List by state and property).

---

---

L. Do you have any special requests regarding sustaining life by artificial support systems? If so, please explain. \_\_\_\_\_

---

M. Please provide any additional family, financial or personal information that you believe may be relevant to the estate planning process: \_\_\_\_\_

---

---

---