

**CONFIDENTIAL**

**ESTATE PLANNING QUESTIONNAIRE**

CLIENT: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_

(W): \_\_\_\_\_

(Fax): \_\_\_\_\_

## **INTRODUCTION**

In the development of any estate plan, it is essential that the attorney designing the plan be given full and complete information about the client in order to assure that both personal and financial factors are given the careful attention they deserve. This Estate Planning Source Document is being furnished to you in order to assure that I am given as much of such information as is feasible with a minimum of cost and inconvenience to you.

By completing and returning the Estate Planning Source Document to me prior to our scheduled conference, you allow me to consider your personal situation before I see you, thus, allowing me to make the initial conference an exchange in which I impart information and concepts to you rather than one in which a considerable amount of time must be invested in the basic information gathering process.

In completing this Document, please note any uncertainty you might have about the questions I am asking. At our conference, I can clarify these questions. Further, if you would like to discuss one or more of the questions before our conference, please give me a call at your convenience. I will be more than happy to answer any questions you may have.

**PERSONAL INFORMATION**

A. Full legal name (preferred name in parenthesis):

Client: \_\_\_\_\_

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

B. Residence address and phone number:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

C. Client's business address and phone number:

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_

D. Birth date:

Client B.D.: \_\_\_\_\_

Spouse B.D.: \_\_\_\_\_

E. Date of marriage: \_\_\_\_\_

F. Approximate date you established residency in Texas: \_\_\_\_\_

G. If you have been residents of other states during the last ten years, please name the state and indicate the approximate period of residence (e.g., Alabama 1987-1989; Georgia 1989-1993; etc.)

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H. Have you or your spouse previously been married? \_\_\_\_\_

If yes, was the prior marriage terminated by (circle): death or divorce?

If by death, please state place and date of death: \_\_\_\_\_

If you have been divorced:

1. Date of divorce: \_\_\_\_\_
2. Jurisdiction granting divorce: State \_\_\_\_\_ County \_\_\_\_\_
3. Was there a property settlement: \_\_\_\_\_

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If so, please bring a copy of the settlement decree and agreement, if any.

I. Name and birth date of each child (if children are of only one parent, indicate by placing "H" to indicate of husband and a "W" to indicate children of wife.)

<u>Name</u>	<u>Birth date</u>
_____	_____
_____	_____
_____	_____
_____	_____



L. Names and addresses (city and state) of living parents and other relatives who might be involved in your plan:

Client

Spouse

**Father** \_\_\_\_\_ **Father** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mother** \_\_\_\_\_ **Mother** \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Others (give relationship, such as Brother, Sister, Aunt, Uncle, Cousin, etc.)

\_\_\_\_\_

\_\_\_\_\_

M. Do any parties to whom you intend to involve in your plan have health problems that might require financial consideration? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- N. Do you have a Will? \_\_\_\_\_  
If you do, please bring a copy.
- O. Have you created any trusts? \_\_\_\_\_  
If you have, please bring a copy.
- P. Are you a beneficiary of a trust created by someone else? \_\_\_\_\_  
If yes, and if you have a copy of the trust, please bring a copy with you. If yes, but you have no copy, please explain your interest to the best of your ability.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Q. Have you or your spouse ever filed federal gift tax returns? \_\_\_\_\_  
If yes, please bring copies of these returns.
- R. Do you or your spouse anticipate receiving a substantial inheritance from your parents or others? \_\_\_\_\_
- \_\_\_\_\_
- S. Do you own any real estate located outside Texas? \_\_\_\_\_
- T. Do you own any property located outside the United States? \_\_\_\_\_
- U. Are you a United States Citizen? \_\_\_\_\_
- V. Is your spouse a United States Citizen? \_\_\_\_\_
- W. Does anyone in your immediate family have unusual health care or support needs?  
\_\_\_\_\_
- If yes, please describe: \_\_\_\_\_
- \_\_\_\_\_

**MISCELLANEOUS ESTATE DOCUMENTS**

Directives to Physicians

1. Would you like to sign a Texas state law form declaring that you would not want to be given every available medical procedure to artificially prolong your life if you are terminally ill with no hope of recovery?

**Client:**      Yes      No                      **Spouse:**      Yes      No

Do you want to name your spouse to be consulted in such decisions?

**Client:**      Yes      No                      **Spouse:**      Yes      No

Durable Power of Attorney for Health Care

2. Would you want to sign a Texas-style law form declaring that someone can give consent to medical treatment on your behalf anytime that you are not competent?

**Client:**      Yes      No                      **Spouse:**      Yes      No

If yes:

- a. Will spouse have power to consent?                      Yes      No

- b. If spouse is *not* named above, please list name(s) and address(es) of other person(s) who can give consent:

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Durable General Power of Attorney

3. In planning for incapacity, some people elect to grant General Power of Attorney to their spouse or parents which would allow them to do anything in your name that you could not do. Such a grant of authority could survive your mental disability should you have an impairing accident or illness and the designated agent could act in your behalf. However, any such power is a **presently exercisable power** the exercise of which is not conditioned upon the existence of a disabling illness or injury.

A. Would you want to grant anyone such power?

**Client:**      Yes      No                      **Spouse:**      Yes      No

B. If yes, to whom would you grant it?

**Client:** \_\_\_\_\_

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

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

**PROVISIONS FOR WILLS**

We can discuss together the details of items that you want to include in your Will(s). To the extent that you already have ideas regarding the items for your Wills listed below, please describe them. (*Note: If both spouses' Wills should contain similar provisions, simply note that fact in the space provided below for the wife's Will.*)

Husband's Will

1. Executor:

(a) Initial executor or co-executors \_\_\_\_\_

(b) \_\_\_\_\_  
Successor executor(s) if initial executor(s) cannot or will not serve:  
\_\_\_\_\_

2. Trustee (if a trust is created for minor children or other minor beneficiaries if both spouses are deceased, we will need to list trustees):

(a) Initial trustee or co-trustees: \_\_\_\_\_  
\_\_\_\_\_

(b) Successor trustee or co-trustees: \_\_\_\_\_  
\_\_\_\_\_

3. Guardian (You may designate guardians who will raise your children. The designated guardians will serve only if the person writing the Will is the last surviving parent of that child.):

(a) Initial guardian (an individual or a married couple)

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

(b) Successor guardian(s)

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

4. Do you want to make particular specific bequests of cash or specific property to specified individuals or entities?

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

5. Residuary estate (All of the estate remaining after paying debts, administration expenses, taxes, and specific bequests.): ***[If you are unmarried and have no children, go to Paragraph (d) below.]***

- a. If wife survives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. If wife fails to survive but there are children surviving: (Are the children old enough to receive the assets outright or should the assets be held in trust until they are older? If so, at what age should they receive the assets outright?)  
\_\_\_\_\_  
\_\_\_\_\_
- c. What if a child is deceased but survived by his or her own children? Should those grandchildren be entitled to the share the deceased child would have received?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. If there is no spouse and no descendants surviving?  
\_\_\_\_\_  
\_\_\_\_\_

### Wife's Will

1. Executor:

(a) Initial executor or co-executors \_\_\_\_\_  
\_\_\_\_\_

(b) Successor executor(s) if initial executor(s) cannot or will not serve:

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2. Trustee (if a trust is created for minor children or other minor beneficiaries if both spouses are deceased, we will need to list trustees):

(a) Initial trustee or co-trustees: \_\_\_\_\_

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(b) Successor trustee or co-trustees: \_\_\_\_\_

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3. Guardian (You may designate guardians who will raise your children. The designated guardians will serve only if the person writing the Will is the last surviving part of that child.):

(a) Initial guardian (an individual or a married couple)

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(b) Successor guardian(s)

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4. Do you want to make particular specific bequests of cash or specific property to specified individuals or entities?

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5. Residuary estate (all of the estate remaining after paying debts, administration expenses, taxes, and specific bequests): *[If you are unmarried and have no children, go to Paragraph (d) below.]*

a. If husband survives: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If husband fails to survive but there are children surviving: (Are the children old enough to receive the assets outright or should the assets be held in trust until they are older? If so, at what age should they receive the assets outright?)  
\_\_\_\_\_  
\_\_\_\_\_

c. What if a child is deceased but survived by his or her own children? Should those grandchildren be entitled to the share the deceased child would have received?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. If there is no spouse and no descendants surviving?  
\_\_\_\_\_  
\_\_\_\_\_