

ESTATE PLANNING QUESTIONNAIRE

DATE: _____

Single or married? (circle one)

1. Name (full name): _____
S.S. No. _____
Other names in which property may be registered: _____

2. Name of spouse: _____
S.S. No. _____
Other names in which property may be registered: _____

3. Mailing Address: _____
Physical Address: _____
County & State where you reside: _____ Home#: _____
His Cell: _____ Work #: _____
His Email: _____
Her Cell: _____ Work #: _____
Her Email: _____
4. Are you a US citizen? Yes / No (circle one)
5. (a) Have you ever made any gifts in excess of \$10,000 per year to anyone? Yes / No (circle one)

(b) Have you ever filed a Form 709 (gift tax return) with the IRS? Yes / No (circle one)

(c) Do you own an interest in a business? _____. If so, is it an S corporation (or is it taxed as an S corporation)? _____ (Note to attorney: If yes - it may be necessary to establish a Qualified Sub-S Trust to own the S corp stock)

(d) Are you a beneficiary of an existing trust? _____. If yes - please bring a copy of the trust document that names you as a beneficiary so we can determine if you have a "general power of appointment" over the trust assets.
6. Do you and your spouse have a Pre-Nuptial or Post-Marital Agreement which identifies and disposes of your property? Yes/ No (circle one) (If yes, bring copy to initial conference)
7. Children by your marriage to your current spouse: (Full name and date of birth of each):

8. Any deceased children? Yes / No (circle one)
(If yes - list names / date of death):

9. Any disabled children/beneficiaries? Yes / No (circle one) If "yes", client may need to set up a testamentary "special needs trust" for the disabled beneficiary.
10. Any previous marriage(s)? Yes / No (circle one)
(a) If yes - please indicate information regarding your first marriage:
(1) Name of ex-spouse: _____
(2) Terminated by divorce or death? _____

If death - what was date of death / place of death: _____

If divorce - date of divorce / county / cause #(if known): _____

(3) Children by this prior marriage? Yes / No (circle one)
If yes - list names / dates of birth:

- (b) 2nd marriage:
(1) Name of ex-spouse: _____
(2) Terminated by divorce or death? _____

If death - what was date of death / place of death: _____

If divorce - date of divorce / county / cause #(if known): _____

(3) Children by this prior marriage? Yes / No (circle one)
If yes - list names / dates of birth:

- (c) Have you had more than two prior marriages? Yes / No (circle one). If so, please list the requested information for those marriages on the back of this sheet.

11. If any of your children are minors, whom do you want to designate as guardian of your minor children? [Select individual(s) you would like to care for your minor children if both you and your spouse are deceased. Alternate guardians should also be designated. Any co-guardians must be husband and wife. The person you designate will be appointed guardian of your minor children's person (physical well-being) and their estate (property and belongings) unless you indicate different persons for each position.]

Guardian: _____

First Alternate Guardian: _____

Second Alternate Guardian: _____

12. Do you want to set up a trust for a beneficiary of your Estate (such as a trust for a minor child)? Yes / No (circle one)

When do you want the trust to terminate? (e.g., when beneficiary reaches age 25)

Name of Trustee and alternate Trustees:

13. Is the total combined value of your estate and your spouse's estate less than \$11,400,000.00 (the current applicable estate tax exemption is \$11,400,000.00)?
Yes / No (circle one)

[Your estate for estate tax purposes consists of all property in which you have an interest at the time of your death. This includes bank accounts, real estate (such as your home), personal items (cars, jewelry, household furnishings, etc.), life insurance policies, investments, and retirement accounts. Your Will acts to dispose of those assets in your estate which do not pass to another person by contract or by operation of law (common examples of these are "joint tenants with rights of survivorship" assets and life insurance proceeds payable to someone other than your estate).]

Please complete the Estate Asset and Debt Summary, which is attached as Exhibit A. After completion of this Summary, if the value of your estate (if you are single) or if the combined value of your and your spouse's estates (if you are married) exceeds \$11,400,000.00, you may need tax planning to minimize or eliminate federal estate tax liability upon your death. We can discuss this in more detail at the initial conference.

14. To whom do you want your estate distributed upon your death? _____

15. If the persons named in number 14 predecease you, to whom do you want to leave your estate? _____

If you want to leave any part of your estate to your descendants (such as children or grandchildren), would that include descendants who are adopted into your line of descent? _____
Would it include persons who are adopted after they are adults? _____

16. Do you own any burial/cemetery plots? Funeral homes will typically not allow a cemetery plot to be distributed per the terms of a Will unless there is a specific bequest that mentions the cemetery plot (§711.039 of the Texas Health & Safety Code).

17. Do you want to make any specific bequests? If yes - please describe.

18. Name of Executor / relationship: (ex. son; spouse; friend) _____
Name of 1st Alternate Executor / relationship: _____
Name of 2nd Alternate Executor / relationship: _____
Name of 3rd Alternate Executor / relationship: _____

19. Do you want Executor to receive compensation for his services? Yes / No (circle one)
What about your Trustee? Yes / No (circle one)

20. Do you want a **Durable General Power of Attorney** (Financial Power of Attorney) in which you name an Agent to take care of your financial matters if you are not able?
Yes / No (circle one)

Name of Agent (list address, relationship and phone number)?

First Alternate Agent (list address, relationship and phone number)

Second Alternate Agent (list address, relationship and phone number)

Third Alternate Agent (list address, relationship and phone number)

21. Do you want a **Medical Power of Attorney** in which you name an Agent to make health care decisions for you if you are not able? Yes / No (circle one)

Name of Agent (list address, relationship and phone number)

First Alternate Agent (list address, relationship and phone number)

Second Alternate Agent (list address, relationship and phone number)

Third Alternate Agent (list address, relationship and phone number)

22. Do you want a **Directive to Physicians (Living Will)** in which you state that if you are in a terminal condition and death is imminent, or in an irreversible condition which may never be treated or cured that you do not wish to be kept alive on artificial life support?

Yes / No (circle one)

(a) If so, and if you have a Medical Power of Attorney which names Agents to act on your behalf, these Agents will have the power to make decisions on your behalf under your Directive to Physicians.

(b) If you do not have or want a Medical Power of Attorney, you will need to name an Agent and alternate Agents to make treatment decisions on your behalf.

Name of Agent (list address, relationship and phone number)

First Alternate Agent (list address, relationship and phone number)

Second Alternate Agent (list address, relationship and phone number)

23. Do you want a **Declaration of Guardian** (this document allows you to name who you want to serve as your Guardian and who you don't want to serve as your Guardian if a guardianship is ever needed)? Yes / No (circle one)

If so, who do you want to serve as Guardian of your Person? _____

Your Estate? _____

First Alternate Guardian _____

Second Alternate Guardian _____

Third Alternate Guardian _____

Is there anyone whom you do **NOT** want to serve as Guardian of your Person or your Estate? _____ . If so, whom? _____ .

24. Do you want a **HIPAA Authorization form** (authorization to release medical information to the individuals you name so that the medical privacy laws will not prevent your physician from talking to them about your medical condition)? Yes / No (circle one)

Please list name, address, phone number and relationship of individuals you wish to be included in the HIPAA Authorization form (each named person will have a right to receive medical information concerning you):

25. Do you have special instructions with regard to the **disposition of your remains** (i.e. cremation)? Yes / No (circle one)

If so, who do you want to serve as your Agent with respect to the disposition of your remains? _____

1st Alternate Agent _____

2nd Alternate Agent _____

3rd Alternate Agent _____

Please indicate special instructions for the disposition of your remains: _____

26. Please list the name and phone number of your CPA/Accountant: _____

27. Please list the name and phone number of your life insurance agent: _____

28. Please list the name and phone number of your financial advisor/consultant: _____

EXHIBIT A
ESTATE ASSET AND DEBT SUMMARY

Assets (Please list all your assets and debts below, estimated values are fine):

Cash, bank accounts and Certificates of Deposit:	\$ _____
Marketable Securities and other investments:	\$ _____
Note Receivables/Money owed to you:	\$ _____
Business interests (value of any business you own):	\$ _____
Real Estate - your home:	\$ _____
Real Estate - other (indicate if any property is out of state):	\$ _____
Personal Property (jewelry, household furnishings, auto, etc.):	\$ _____
Total Assets:	\$ _____ (A)

Debts:

Mortgage on Home:	\$ _____
Other mortgages:	\$ _____
Other debts (including credit cards):	\$ _____
Total Debts:	\$ _____ (B)
Estate before IRA's and Insurance (Total Assets - Total Debts):	\$ _____ (A)-(B))
Total value of retirement plans and IRA's	\$ _____ (C)
Total death benefits (face amount) of all life insurance policies owned by either you or your spouse.	\$ _____ (D)

Who is the named beneficiary of your IRA? _____

Contingent beneficiary: _____

Who is the named beneficiary of your life insurance proceeds? _____

Contingent beneficiary: _____

Total Estate: \$ _____ (A-B+C+D)