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FOR OFFICE USE ONLY	
T / W	Prev Client <input type="checkbox"/>
POA UI / EI	SC Y / N
HIPAA <input type="checkbox"/>	D.o.G. <input type="checkbox"/>
LLC/LLC Asgn	FT <input type="checkbox"/>

DATE: \_\_\_\_\_

This questionnaire consists of questions that are related to your estate planning. It is designed to streamline the estate planning process by supplying information that is generally required to commence your estate plan. Please type in your answers or print clearly. **Use full names (i.e. 'Michael' instead of 'Mike' or 'Cynthia' instead of 'Cindy').**

1. Husband:

Name:		Date of Birth:	
Driver's License Name:		State:	
Citizenship:	Last 4 SSN:		
Work Telephone:	Cell Telephone:		
Business/Employer:	Position:		
Email:			

2. Wife:

Name:		Date of Birth:	
Driver's License Name:		State:	
Citizenship:	Last 4 SSN:		
Work Telephone:	Cell Telephone:		
Business/Employer:	Position:		
Email:			

3. Home Address:

Street:		City:	
County:	State:	Zip:	Own or Rent?

4. Who referred you? \_\_\_\_\_

5. Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

6. Have either of you been married before? Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Name of former spouse(s), if any: \_\_\_\_\_

7. Please list **all** children, if any. **Please list children even if they are 18 or older.** (*attach additional sheets if needed*)

Name(s) of Child(ren)	Male (M) Female (F)	Age	Date of Birth	Whose child? Ours/His/Hers	Living Yes/No

If you have step-children, please indicate whether or not you want such children treated as your biological children under your will/trust: \_\_\_\_\_

If you have a deceased child, please indicate whether or not such child has any living descendants:  
\_\_\_\_\_

8. Please complete the following statement of assets and liabilities generally reflecting the fair market value of your assets. We will use this information to ascertain whether or not we should discuss estate tax planning and also to discuss trust funding, if applicable.

<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash:	\$	Mortgage:	\$
Closely-owned Businesses:	\$	Secured Debt:	\$
Residence:	\$	Other Debt:	\$
Other Residence / Real Property:	\$		
Cars:	\$		
Personal Effects:	\$		
IRA's & Retirement:	\$		
Stocks, Bonds, etc.	\$		
Investments: (Other than Retirement)	\$		
Face Value of Life Insurance:	\$		
Other:	\$		
<b>TOTAL</b>	<b>\$</b>		<b>\$</b>

9. What is your approximate yearly income? Husband: \$ \_\_\_\_\_ Wife: \$ \_\_\_\_\_

10. Do either of you expect to inherit a substantial amount of property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the nature and extent of this property and the state in which it is located:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

11. Does the husband presently have a Will? \_\_\_\_ If so, what is the date on the Will? \_\_\_\_\_  
Does the wife presently have a Will? \_\_\_\_ If so, what is the date on the Will? \_\_\_\_\_  
**Please provide a digital or hard copy of prior will(s) and codicil(s).**

12. Do you have a trust? \_\_\_\_\_  
If so, please list the full name and date: \_\_\_\_\_  
**Please provide a digital or hard copy.**

13. If you own real property in another state, please indicate which state: \_\_\_\_\_

14. If you are a beneficiary under a trust established by someone other than yourself, please indicate below:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

15. If you are a beneficiary under a trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power:

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

16. **Describe how you wish to distribute your property under your will or trust** (i.e., who should receive your property on your death):

Distributed to your spouse, and if he or she does not survive you, in equal shares to your children? YES or NO: \_\_\_\_\_

If YES, proceed to Question 17.

If NO, detail your wishes in the box below.

17. **Contingent Beneficiaries.** If everyone listed in your answer to Question 16 passes with or before you, then to whom do you want your property to be distributed? For example, if you, your spouse and all descendants (children, grandchildren, etc.) were to die in a common accident or they were to die before you, to whom would your property go? (Often clients choose to have their estate divided 1/2 to husband's heirs and 1/2 to wife's heirs or given to a charity or church.) *If you have chosen 'Yes' in question 16.a. above, this section should **not** include children, grandchildren, great grandchildren, etc.*

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18. Appointing a **GUARDIAN**: If you have children under 18, the guardian is the individual or couple whom you designate to raise your children in the event both parents should pass away. The guardian generally will receive distributions from your trustee for the support, maintenance, health and education of your children. Whom do you want to appoint as guardian to raise your children if you and your children's other parent pass away? Please indicate a successor if the person or couple initially named cannot serve. Guardians must be 18 years of age or older. Only married couples can be co-guardians. Gender is requested.

	HUSBAND'S WILL	WIFE'S WILL	Relationship
<b>Guardian:</b>			
<b>1<sup>st</sup> Successor(s):</b>			
<b>2<sup>nd</sup> Successor(s):</b>			

19. Choosing your **EXECUTOR**: The Executor is the person you appoint to settle the affairs of your estate (i.e., the person who will be responsible for probating your Will, filing tax returns, and distributing assets to the beneficiaries, among other duties). Your spouse, adult children, a bank, another relative, or a very reliable and long-time friend may be named as Executor, to serve individually or with other Co-Executors. Whom do you want to appoint as Executor of your estate? Please indicate successors in the event the person initially named cannot serve. Executors must be 18 years of age or older.

	HUSBAND'S WILL	WIFE'S WILL	Relationship
<b>Executor</b> (typically spouse):			
<b>1<sup>st</sup> Successor(s):</b>			
<b>2<sup>nd</sup> Successor(s):</b>			

20. Naming a **TRUSTEE**: If you elect to have a trust as part of your estate plan, the Trustee is the person or entity who will be responsible for the management of property in your trust, as well as trusts for children or other beneficiaries. The successor trustee will also be responsible for distributing the trust assets to your beneficiaries when you pass away. An individual or financial institution may serve as Trustee. Trustees may serve individually or with other Co-Trustees. If a trust is appropriate for you, you and your spouse would typically be the initial Trustees. A successor Trustee will serve if you both become incapacitated and will administer the trust when you both pass. Whom do you want to appoint as Trustee or as Co-Trustees? Please indicate successors if the person(s) initially named cannot serve. Please list how such persons are related to you (brother, sister, friend, etc.). We will name you and your spouse as the initial Trustees if a revocable living trust is drafted, unless you indicate otherwise. Trustees must be 18 years of age or older.

	<b>TRUSTEES FOR YOUR REVOCABLE LIVING TRUST</b>	<b>Relationship</b>
<b>Trustee(s):</b> (typically you and spouse):		
<b>1<sup>st</sup> Successor(s):</b>		
<b>2<sup>nd</sup> Successor(s):</b>		
<b>3<sup>rd</sup> Successor(s):</b>		

If a trust is created on your death to hold and manage property for your children or other beneficiaries, whom do you want to appoint as Trustee or as Co-Trustees? Please note that if you have named your child(ren) as Trustee and he or she is currently under the age for which he or she will have control over their future inheritance, you will need to choose a different Trustee for children. Trustees must be 18 years of age or older. (If you want the same persons listed as successor trustees above to act as Trustees for your children’s trusts or other beneficiaries’ trusts, you may note “same as above”.)

	<b>TRUSTEES FOR CHILDREN</b>
<b>Trustee(s):</b> (not you)	
<b>1<sup>st</sup> Successor(s):</b>	
<b>2<sup>nd</sup> Successor(s):</b>	

Most people believe that their child or children should not receive total control of an inheritance at a young age. You may decide to leave an inheritance in trust for a child’s lifetime, perhaps allowing the child to become trustee of his or her trust at a predetermined age. There are advantages to setting up a child’s trust in this fashion that we can discuss. Please keep in mind that the trustee of the trust will be directed to use the trust assets to provide for the child’s needs until the child reaches this age. *(continued on next page)*

If appropriate, at what age do you want your children or other beneficiaries to have control over their trust distribution(s)? Age \_\_\_\_\_

THIS SPACE FOR OFFICE USE:

21. Other documents that complement your Last Will and Testament and/or Trust include: **STATUTORY DURABLE POWER OF ATTORNEY, HEALTH CARE POWER OF ATTORNEY, and DIRECTIVE TO PHYSICIANS.**

a. The purpose of the **STATUTORY DURABLE POWER OF ATTORNEY** is to name an agent to handle your financial affairs in the event of your incapacity. Whom do you want to serve as your financial agent? Please indicate successors in the event that your designated agent is unable to serve. Agents must be 18 years of age or older.

	<b>HUSBAND</b>	<b>WIFE</b>
<b>Agent:</b> (often your spouse)		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		
<b>1<sup>st</sup> Successor Agent:</b>		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		
<b>2<sup>nd</sup> Successor Agent:</b>		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		

- b. A **HEALTH CARE POWER OF ATTORNEY** designates an agent who may make health care decisions for you in the event of your incapacity. Whom do you want to serve as your designated agent? Please indicate successors in the event that your designated agent is unable to serve. Agents must be 18 years of age or older.

	<b>HUSBAND</b>	<b>WIFE</b>
<b>Agent:</b> (often your spouse)		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		
<b>1<sup>st</sup> Successor Agent:</b>		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		
<b>2<sup>nd</sup> Successor Agent:</b>		
Relationship to you:		
Address: (Street, City, State, Zip)		
Phone:		

**HIPAA:**

- c. If you are incapacitated, your **DIRECTIVE TO PHYSICIANS** (commonly called a **Living Will**) directs your physician and medical power of attorney to follow your wishes about whether or not you want artificial procedures used to sustain your life. One of the benefits of this document is to take the burden from your spouse or children of having to make the decision if you are incapacitated. Would you like us to prepare a **DIRECTIVE TO PHYSICIANS** setting out your wishes? \_\_\_\_\_
22. **SAFEKEEPING:** These are important documents. I encourage you to place the originals of these documents in a safe place. My office will maintain electronic (scanned) copies in the event your agent, executor, or trustee needs them. So that we can help your agent, executor, or trustee find your original documents, where do you intend to store the originals?  
\_\_\_\_\_

23. **REAL PROPERTY:** If you have real property (i.e., your residence, vacation home, mineral interests, or other land) in Texas or another state and we are creating a trust for you, it is highly recommended, with some limited exceptions, that you transfer title of your real property into the trust. We can prepare the deed for you to do this for your Texas property.

Please list addresses for all real property you own. Please also note whether each property is your homestead, rental property, farm property, investment property or business property (if more space is needed, attach additional sheets):

**Please provide digital or a hard copy of any deed(s) for Texas real property.**

ADDRESS	PROPERTY USE	CURRENTLY TITLED IN TRUST (YES / NO)

24. Miscellaneous estate planning information:

Do you own any firearms?                      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you interested in a NFA Trust?      Yes \_\_\_\_\_      No \_\_\_\_\_

25. If you have a financial advisor, list here:

Name:	
Company Name:	
Address:	
Telephone:	
Email:	

26. If you have an accountant, list here:

Name:	
Company Name:	
Address:	
Telephone:	
Email:	