



Preliminary Estate Planning Questionnaire – Married

If you would like to visit with us about your planning needs, then please take a moment to complete the following preliminary estate planning questionnaire. The questionnaire will help you organize your thoughts about estate planning and provide us information about your family and finances. Completing the questionnaire in advance of an initial conference with one of the paralegals in our firm will allow the initial conference to be much more productive. If you choose to complete it, then please fill it out as much as possible, either skipping or placing question marks on those items that seem inapplicable or about which you have questions or simply don't know the answer. Please bring your questionnaire to your appointment with one of the attorneys in our firm.

Although an attorney-client relationship between you and the firm will not be established until such time as an engagement letter or contract has been executed by you and the firm, the information supplied in response to this questionnaire will be held in the strictest confidence, will be used only in the formulation of recommendations to you for estate planning, and will not be revealed to anyone outside of the firm unless authorized by you.

The following preliminary information will help the law firm advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient our initial discussions will be. However, please do not spend too much time finding every last document or number before our meeting. The following is a preliminary questionnaire and, therefore, any needed information or paperwork can be obtained later.

Date _____

1. Full names of both spouses (as you will sign your wills)

2. Address _____

County _____

Has either of you ever lived in any state other than Texas? (Include the names of each state, the dates lived there, and the date you moved to Texas.)

Husband _____

Wife _____

3. Phone Numbers

- a. Home _____ c. His Cell _____
b. Fax _____ d. Her Cell _____
e. e-mail address(es): _____

Social Security Numbers (optional)

- a. His _____
b. Hers _____

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

5. 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 bligation _____

(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.	_____	_____

- b.

His children of previous marriage	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

- c.

Her children of previous marriage	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

d.	Grandchildren	Birthdate	State of Residence	Parent's Name
	1.	_____	_____	_____
	2.	_____	_____	_____
	3.	_____	_____	_____
	4.	_____	_____	_____
	5.	_____	_____	_____

e. Which descendants listed above are deceased? _____

6. 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:

2. Wife:

d. 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? _____

7. 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

a. Executor
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

b. Trustee of trusts created by will
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

Hers

a. Executor
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

b. Trustee of trusts created by will
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

c. Custodian of accounts for minors
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

d. Guardian/Trustee for minor children
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

c. Custodian of accounts for minors
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

d. Guardian/Trustee for minor children
Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

8. 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

Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Hers

Primary

Name: _____

Relationship: _____

First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

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

Primary

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

Hers

Primary

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

First Alternate

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

Second Alternate

Name: _____

Address: _____

Relationship: _____

Telephone #: _____

c. Living Wills

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:

Primary: _____

Alternates: _____

Guardian for Health Care Purposes:

Primary: _____

Alternates: _____

Persons you wish to exclude:

Hers

Guardian for Financial Purposes:

Primary: _____

Alternates: _____

Guardian for Health Care Purposes:

Primary: _____

Alternates: _____

Persons you wish to exclude:
