

ESTATE PLANNING QUESTIONNAIRE

CLIENT: _____

DATE: _____

This booklet is designed to give us, as your attorneys, your complete family and financial picture. The information you furnish us will assist us in recommending to you an estate plan designed to:

1. Accomplish your objectives for your family, and
2. Minimize the tax burden on you and your family.

This information booklet is divided into several categories. First is a personal data worksheet which solicits personal information about you, your family, and your advisors. Second is a history of prior financial transactions involving estate planning matters. Third is a detailed questionnaire regarding financial aspects of your estate plan. Fourth is a schedule of insurance. Fifth is your preference for fiduciary appointments. Sixth is a questionnaire soliciting estate planning objectives. Seventh is a document checklist.

I. PERSONAL DATA WORKSHEET

Please Print Clearly

PERSONAL DATA

YOU*

YOUR SPOUSE*

| | | |
|---|---------------------|---------------------|
| Full Name: | _____ | _____ |
| Other Names Used: | _____ | _____ |
| County of Residence: | _____ | _____ |
| Home Address: | _____ _____ | _____ _____ |
| Home Phone: | _____ | _____ |
| Home Fax: | _____ | _____ |
| Internet Address: | _____ | _____ |
| Occupation: | _____ | _____ |
| Employer: | _____ | _____ |
| Business Address: | _____ _____ | _____ _____ |
| Business Phone: | _____ | _____ |
| Business Fax: | _____ | _____ |
| Preferred Mailing Address: | Home [] Office [] | Home [] Office [] |
| Date of Birth: | _____ | _____ |
| Place of Birth: | _____ | _____ |
| Citizenship: | _____ | _____ |
| Dates of Residence in Texas: | _____ | _____ |
| If Resided in Any Other State During the Last 10 Years, Indicate State and Dates: | _____ | _____ |
| Social Security Number: | _____ | _____ |

* Please identify females by given name, e.g., Mary Ann Smith, Not Mrs. John Smith.

| Children Names | Street Address, City, State | Date of Birth | Health Status Disabilities, Adopted, or Previous Marriage* |
|--------------------|--------------------------------|------------------|--|
| 1. Child: _____ | _____ | _____ | _____ |
| Spouse: _____ | _____ | _____ | _____ |
| Names of children: | _____ | _____ | _____ |
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| 2. Child: _____ | _____ | _____ | _____ |
| Spouse: _____ | _____ | _____ | _____ |
| Names of children: | _____ | _____ | _____ |
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| 3. Child: _____ | _____ | _____ | _____ |
| Spouse: _____ | _____ | _____ | _____ |
| Names of children: | _____ | _____ | _____ |
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| 4. Child: _____ | _____ | _____ | _____ |
| Spouse: _____ | _____ | _____ | _____ |
| Names of children: | _____ | _____ | _____ |
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |

* Children: If adopted place "A" in this column. If by previous marriage place "PM" in this column.

**Persons, Other Than
Minor Children,
Financially Dependent
on You and/or Your
Spouse**

**Street Address,
City, State**

**Date of
Birth**

Relation

Comments

| | | | | |
|----------|-------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

PARENTS:

YOU

YOUR SPOUSE

| | | | | |
|---------------------------------------|--|--|--|--|
| | <u>Father</u> | <u>Mother</u> | <u>Father</u> | <u>Mother</u> |
| Living: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: | _____ | _____ | _____ | _____ |
| Age: | _____ | _____ | _____ | _____ |
| Occupation: | _____ | _____ | _____ | _____ |
| Marital Status: | _____ | _____ | _____ | _____ |
| Health: | _____ | _____ | _____ | _____ |
| Address | _____ | _____ | _____ | _____ |
| Financial Ability (good, fair, poor): | _____ | _____ | _____ | _____ |
| Have Will | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expected Inheritance from Parents: | _____ | _____ | _____ | _____ |

BROTHERS AND SISTERS:

You:

| | | | |
|--------------------|-------------------|----------------------|-----------------------|
| <u>Name</u> | <u>Age</u> | <u>Spouse</u> | <u>Address</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Your Spouse:

| | | | |
|--------------------|-------------------|----------------------|-----------------------|
| <u>Name</u> | <u>Age</u> | <u>Spouse</u> | <u>Address</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ADDITIONAL FAMILY INFORMATION INCLUDING SPECIAL HEALTH PROBLEMS OF ANY FAMILY MEMBER; CITIZENSHIP OTHER THAN U. S.; SPECIAL EDUCATIONAL REQUIREMENTS OF CHILDREN; GRANDCHILDREN, ETC.:

MARITAL HISTORY:

Present Marital Status: _____

Date of Marriage: _____

State of Residence at Date of Marriage: _____

Is there a Marital Agreement between you and your spouse? Yes No If yes, please furnish a copy.

Previously Married: You Yes No Your Spouse Yes No

Former Spouse: _____

Place and Date of Marriage: _____

Terminated By: Divorce Death On: _____ Divorce Death On: _____

Place of Termination _____

Divorce or Probate Attorney: _____

Obligations To or From Former Spouse:

1. Child Support: _____

2. Alimony: _____

3. Other: _____

Please furnish a copy of divorce decree and any amending decrees.

MILITARY SERVICE:

You: Yes No

Years of Service: 19____ - 19____ Serial No. _____

Branch of Service: _____ Rank: _____

Pension/Service Disability Benefits, if any: _____

Your Spouse: Yes No

Years of Service: 19____ - 19____ Serial No. _____

Branch of Service: _____ Rank: _____

Pension/Service Disability Benefits, if any: _____

ADVISORS:

| | <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|---------------------------|-------------|----------------|------------------|
| Banker: | _____ | _____ | _____ |
| Accountant: | _____ | _____ | _____ |
| Broker: | _____ | _____ | _____ |
| Life Ins. Underwriter: | _____ | _____ | _____ |
| Casualty Ins. Agent: | _____ | _____ | _____ |
| Attorney: | _____ | _____ | _____ |
| Other Advisors: | _____ | _____ | _____ |

LOCATION OF IMPORTANT ITEMS:

Safe Deposit Box: Yes No

Bank: _____ Keys located at _____

Held jointly with _____

Information necessary to prepare the current year's income tax return is located at _____

Income tax returns prepared by _____

Address: _____ Telephone: _____

Employment records are kept at _____

Person to be contacted for information at place of employment is _____

Address: _____ Telephone: _____

II. PREVIOUS ESTATE PLANNING

A. GIFTS:

1. Have you or your spouse made gifts in excess of \$10,000 to any individual in any year? Yes No
2. Do you or your spouse plan to make gifts in excess of \$10,000 to any individual in the future? Yes No
3. Have you or your spouse:

| | You | Your Spouse |
|---|--|--|
| Filed gift or generation-skipping tax returns in prior years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilized any portion of your estate or generation-skipping lifetime credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If gift tax returns have been filed, please bring copies if available. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paid gift or generation-skipping taxes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Created trusts for any other person? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If trusts have been created, please bring copies if available. | | |
| Established a plan of charitable giving? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please list charities:

- | | |
|----------|----------|
| a. _____ | c. _____ |
| b. _____ | d. _____ |

Served (or are serving) as a director or other type of volunteer for a governmental or charitable organization? Yes No

If yes, please list the governmental or charitable organizations.

- | | |
|----------|----------|
| a. _____ | c. _____ |
| b. _____ | d. _____ |

B. DOCUMENTS IN EXISTENCE:

1. Are wills presently in existence for:

| | | | |
|--------|--|--------------|-----------------|
| You | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dated: _____ | Location: _____ |
| Spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dated: _____ | Location: _____ |

If yes, furnish copies.

2. Are Living or Revocable Trusts presently in existence for you and your spouse?

| | | | |
|--------|--|--------------|-----------------|
| You | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dated: _____ | Location: _____ |
| Spouse | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dated: _____ | Location: _____ |

If yes, furnish copies.

3. Are Powers of Attorney in existence for:

You Yes No Dated: _____

Spouse Yes No Dated: _____

If yes, furnish copies.

4. Are Health Care Powers of Attorney in existence for:

You Yes No Dated: _____

Spouse Yes No Dated: _____

If yes, furnish copies.

5. Are Directives to Physicians, requesting your physician not to artificially prolong your life when death is imminent, in existence?

You Yes No Dated: _____

Spouse Yes No Dated: _____

If yes, furnish copies.

6. Are Designations of Guardian in existence for:

You Yes No Dated: _____

Spouse Yes No Dated: _____

If yes, furnish copies.

Additional Documents:

Family Partnership Agreements Insurance Trusts Irrevocable Trusts for Children

Irrevocable Trusts for Grandchildren Partition Agreements Family Foundation

Organ Donor Other _____

Please furnish copies of any of the above documents presently in existence.

III. FINANCIAL INFORMATION*

A. ASSETS:

| | <u>Estimated Values</u> | | |
|--|-------------------------------|---|---|
| | <u>Community Property</u> | <u>Your Separate Property**</u> | <u>Spouse's Separate Property</u> |
| 1. Real Estate*** | | | |
| a. Homestead | _____ | _____ | _____ |
| b. Other Residential Real Estate | _____ | _____ | _____ |
| c. Commercial Real Estate | _____ | _____ | _____ |
| d. Rural Real Estate | _____ | _____ | _____ |
| e. Non-Texas Real Estate | _____ | _____ | _____ |
| 2. Mineral Interests (Indicate if royalty or working interests; producing or non-producing) | | | |
| a. Texas Mineral Interests | _____ | _____ | _____ |
| b. Non-Texas Mineral Interests | _____ | _____ | _____ |
| 3. Stocks and Bonds | | | |
| a. Marketable Securities | _____ | _____ | _____ |
| b. Unlisted Securities (including those of closely held corporations) | _____ | _____ | _____ |
| c. Bonds | _____ | _____ | _____ |
| d. Mutual Funds | _____ | _____ | _____ |
| e. Stock Options | _____ | _____ | _____ |

* Current financial statements may be attached in lieu of completing the worksheet.

** Separate property is generally described as property you acquired prior to present marriage or any property acquired after present marriage which was received through gift or inheritance.

*** Indicate whether any environmental studies have been conducted on any real estate by placing an asterisk next to the estimated value of the property.

| | <u>Estimated Values</u> | | |
|---|-------------------------------|---------------------------------------|---|
| | <u>Community Property</u> | <u>Your Separate Property</u> | <u>Spouse's Separate Property</u> |
| 4. Cash | | | |
| a. Checking Accounts | _____ | _____ | _____ |
| b. Savings Accounts and C/D's | _____ | _____ | _____ |
| 5. Notes and Receivables | _____ | _____ | _____ |
| 6. Life Insurance (face value) | | | |
| a. On Your Life | _____ | _____ | _____ |
| b. On Your Spouse's Life | _____ | _____ | _____ |
| c. Owned on Another's Life | _____ | _____ | _____ |
| 7. Jointly Owned Property | _____ | _____ | _____ |
| 8. Unincorporated Business Interests | _____ | _____ | _____ |
| 9. Personalty | | | |
| a. Household Furnishings | _____ | _____ | _____ |
| b. Other Personal Property (Jewelry, furs, cars, boats, etc.) | _____ | _____ | _____ |
| c. Antiques and Collections | _____ | _____ | _____ |
| 10. Rights Under Estates and Trusts Including Powers of Appointment | _____ | _____ | _____ |
| 11. Death Benefits | | | |
| a. Pension Plan | _____ | _____ | _____ |
| b. Profit-sharing Plan | _____ | _____ | _____ |
| c. 401 (K) Savings Plan | _____ | _____ | _____ |
| d. Deferred Compensation Arrangement | _____ | _____ | _____ |
| e. Salary Continuation Program | _____ | _____ | _____ |

f. Individual Retirement Accounts _____

g. Other Death Benefit Programs _____

| | <u>Estimated Values</u> | | |
|------------------|---------------------------|-------------------------------|-----------------------------------|
| | <u>Community Property</u> | <u>Your Separate Property</u> | <u>Spouse's Separate Property</u> |
| 12. Other Assets | | | |
| a. _____ | _____ | _____ | _____ |
| b. _____ | _____ | _____ | _____ |
| c. _____ | _____ | _____ | _____ |
| TOTAL ASSETS | \$ _____ | \$ _____ | \$ _____ |

B. LIABILITIES*:

1. Owing on Real Estate

a. Due on Homestead \$ _____
 will will not be paid off by mortgage insurance on your death

b. Due on Other Real Estate _____

* Identify any of the liabilities which are separate liabilities (e.g. liabilities incurred prior to marriage or the satisfaction of which is limited to separate property) by placing an asterisk next to the amount of the liability.

2. Bank Loans Secured by _____

3. Other Notes Payable Secured by _____

4. Average Charge Account Balance _____

5. Life Insurance Loans _____

6. Alimony/Child Support Payable _____

7. Other Liabilities (Describe):

8. Contingent Liabilities (Co-signer on Note, Guarantor on Loans, Partnership Debts, etc.):

| | |
|-------------------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| TOTAL LIABILITIES | \$ _____ |

C. NET ESTATE:

| | <u>Community</u> | <u>You</u> | <u>Your Spouse</u> |
|-------------------|------------------|------------|--------------------|
| Total Assets | \$ _____ | \$ _____ | \$ _____ |
| Total Liabilities | \$ _____ | \$ _____ | \$ _____ |
| NET ESTATE | \$ _____ | \$ _____ | \$ _____ |

D. ANNUAL INCOME:

| | |
|--|----------|
| Your Earned Income or Net Business Income | \$ _____ |
| Your Spouse's Earned Income or Net Business Income | \$ _____ |
| Other Income | \$ _____ |
| TOTAL INCOME | \$ _____ |

E. PROPERTY CLASSIFICATIONS

1. Was any of the property listed above owned by either you or your Spouse before marriage?
 Yes No If yes, specify.

Have you made any special efforts to segregate and account for this property during marriage?
 Yes No If yes, specify.

2. Was any of the property listed above received by you or your Spouse by gift, inheritance, or as compensation for personal injuries?

Yes No If yes, specify date (date of gift, date of death of benefactor, etc.).

Have you made any special efforts to segregate this property from other property obtained from earnings during marriage?

Yes No If yes, specify.

3. Do you, your Spouse, or your children have any expectation of receiving by gift or inheritance any substantial amount or property from other persons?

Yes No If yes, specify.

4. Do you, your Spouse, or your children have any interests in or receive income from any trust or estate?

Yes No If yes, specify and furnish copies of legal instrument or applicable will if available.

5. Are you or any of the members of your immediate family a trustee of a trust? Yes No If yes, furnish copies of trust instruments or applicable will if available.

6. Is all of the property listed above located in Texas?

Yes No If no, specify property and its location.

7. List all ownership interests (stock, partnership interests, etc.) in any nonpublicly traded business or investment entity. Include copies of any documents restricting the transfer of any such ownership interests.

IV. SCHEDULE OF INSURANCE*

A. LIFE INSURANCE POLICIES ON YOUR LIFE:

| <u>Life Insurance Company</u> | <u>Policy Number</u> | <u>Type of Policy</u> | <u>Owner</u> | <u>Primary Beneficiary</u> | <u>Death Benefit</u> |
|---------------------------------------|----------------------|-----------------------|--------------|----------------------------|----------------------|
| Personal: | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL PERSONAL INSURANCE ON YOUR LIFE | | | | | \$ _____ |
| Business: | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL BUSINESS INSURANCE ON YOUR LIFE | | | | | \$ _____ |

B. LIFE INSURANCE POLICIES ON YOUR SPOUSE'S LIFE:

| <u>Life Insurance Company</u> | <u>Policy Number</u> | <u>Type of Policy</u> | <u>Owner</u> | <u>Primary Beneficiary</u> | <u>Death Benefit</u> |
|--|----------------------|-----------------------|--------------|----------------------------|----------------------|
| Personal: | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL PERSONAL INSURANCE ON YOUR SPOUSE'S LIFE | | | | | \$ _____ |
| Business: | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL BUSINESS INSURANCE ON YOUR SPOUSE'S LIFE | | | | | \$ _____ |

* If known, indicate if policy is Whole Life, Universal Life, Term, Group Term, Accidental Death, etc. In addition, if policy is Whole Life please indicate cash value less any loan. If policy is provided by employer please provide group contract number and, if available, individual certificate number. Identify any of the foregoing policies purchased before marriage by placing an asterisk next to the policy number.

C. POLICIES OWNED BY YOU OR YOUR SPOUSE ON THE LIFE OF ANY OTHER PERSON:

| <u>Life Insurance Company</u> | <u>Policy Number</u> | <u>Type of Policy</u> | <u>Owner</u> | <u>Primary Beneficiary</u> | <u>Death Benefit</u> |
|-------------------------------|----------------------|-----------------------|--------------|----------------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

D. DETAILS OF POLICY OWNERSHIP:

Are any of the foregoing policies owned as separate property? Have the premiums been paid with partitioned or separate funds? Has there been an absolute assignment of the policy, etc.? If so, specify _____

E. DISABILITY INSURANCE:

| <u>Life Insurance Company</u> | <u>Policy Number</u> | <u>Type of Policy</u> | <u>Owner</u> | <u>Primary Beneficiary</u> | <u>Death Benefit</u> |
|-------------------------------|----------------------|-----------------------|--------------|----------------------------|----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

V. FIDUCIARY APPOINTMENTS

A. GUARDIAN:

If you have minor children, whom would you want to serve as their personal guardian (to reside with, select schools for, etc.) in the event of the deaths of both you and your spouse? List in order of preference.

| | <u>Name</u> | <u>Address</u> |
|----|-------------|----------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

When naming couples, consider consequences of death of one or divorce.

Should the guardian receive an annual cash payment as compensation for assuming the responsibility? This payment would be in addition to all amounts used for support of your children.

Yes No

Amount per child per year. \$ _____

B. Executor:

The executor is the person or entity appointed in your will to represent and administer your estate. Whom would you want to serve as the executor of your estates? List in order of preference (note that two or more persons/entities may serve jointly).

| | <u>Name</u> | <u>Address and Telephone</u> |
|-------------|-------------|------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Your Spouse:

| | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

C. TRUSTEE:

The trustee is the person or entity appointed in your will or trust instrument to manage the assets transferred to a trust for the benefit of its beneficiaries. If a trust is applicable to your estate plan, whom would you want to serve as the trustee of any trusts? List in order of preference (note that two or more persons/entities may serve jointly).

| | <u>Name</u> | <u>Address and Telephone</u> |
|--------------------|-------------|------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

| | | |
|----------------------------|-------|-------|
| <u>Your Spouse:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

D. POWER OF ATTORNEY:

A power of attorney is a written instrument granting an appointed agent the authority to perform certain specified acts on your behalf. Since a power of attorney confers a great degree of authority and discretion on the appointed agent, the agent must be completely trusted. If a power of attorney is appropriate, whom would you want to serve as your agent? List in order of preference (note that two or more persons/entities may serve jointly).

| | <u>Name</u> | <u>Address and Telephone</u> |
|--------------------|-------------|------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

| | | |
|---------------------------|-------|-------|
| <u>You Spouse:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

E. MEDICAL POWER OF ATTORNEY:

A medical power of attorney is a written instrument appointing an agent to make health care decisions for you when you are incapable of making or communicating such decisions. If a medical power of attorney is appropriate, whom would you want to serve as your agent, including yourselves? List in order of preference (note that two or more persons may serve jointly).

| | <u>Name</u> | <u>Address and Telephone</u> |
|-------------|-------------|------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

| | | |
|---------------------|-------|-------|
| <u>Your Spouse:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

F. DIRECTIVE TO PHYSICIANS:

A directive to physicians, otherwise known as a living will, is a written instrument requesting your physician not to artificially prolong your life when death is imminent. The directive may also designate an individual to make a treatment decision if you are incapable of making or communicating such a decision. If a directive to physician is appropriate, whom would you want to make such a treatment decision, including yourselves? List in order of preference (note that two or more persons may serve jointly).

| | <u>Name</u> | <u>Address and Telephone</u> |
|-------------|-------------|------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

| | | |
|---------------------|-------|-------|
| <u>Your Spouse:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

G. DESIGNATION OF YOUR GUARDIAN:

A designation of a guardian is a written instrument designating an individual to serve as guardian of your person or estate in the event of your incompetency. Since the guardian of the person would manage your personal care and the guardian of the estate would manage your financial affairs, you may wish to appoint different persons to serve in these capacities. If a designation of guardian is appropriate, whom would you want to serve as your guardian, including yourselves? List in order of preference (note that persons and entities may not serve jointly).

| | <u>Guardian of Your Estate</u> | <u>Guardian of Your Person</u> |
|--------------------|--------------------------------|--------------------------------|
| <u>You:</u> | | |
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Is there anyone whom you specifically do not want to serve as Guardian of your estate or of your person?
 Yes No If yes, list person(s)

Your Spouse:

| | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Is there anyone whom you specifically do not want to serve as Guardian of your estate or of your person?
 Yes No If yes, list person(s)

H. TOTAL LOSS OF FAMILY:

In what manner would you and your spouse desire your assets to be distributed in the event of the death of all of your immediate family? (e.g. disposition to other family members, charities, heirs-at-law, trust for parents, etc.)

| <u>You</u> | <u>Your Spouse</u> |
|------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

VI. ESTATE PLANNING OBJECTIVES

The following is a checklist of objectives for specific beneficiaries in an estate plan. Please check the ones that express your views.

Objectives for:
You Your Spouse

- To provide a home
- To provide security of income
- To provide business management of spouse's property by others
- To enable spouse to provide for family
- To protect spouse against improvidence
- To give spouse freedom to manage spouse's own affairs
- To enable spouse to go into business or to continue my business
- To protect spouse against the dangers of incapacity through old age and illness
- Other: _____

Objectives for
Children

- To provide for him/her for life
- To provide for his/her education
- To enable him/her to make his/her own career
- To enable him/her to enter business or to continue my business
- To prevent him/her from disposing of my wealth
- To enable him/her to freely dispose of my wealth
- To provide professional management of his/her property
- To enable him/her to provide for his/her own family
- To protect him/her against a spouse, including divorce
- Other: _____

Other: Should any of the following persons be treated differently from the others? _____

- Child? _____
- Grandchild? _____
- Parent? _____
- Brother or Sister? _____

VII. DOCUMENT CHECK LIST

Documents To Return To Attorney, If Available

- A. Wills:
- 1. Current Wills.
 - 2. Any will in which you or your Spouse are or may become a beneficiary.
- B. Trusts:
- 1. Any trust that you or your Spouse may have established.
 - 2. Any trust of which you or your Spouse is or may become a beneficiary.
 - 3. Any trust of which you or your Spouse is serving as trustee.
- C. Powers of Attorney which you or your Spouse may have given.
-
- D. Directives to Physicians signed by you or your Spouse.
-
- E. Copy of most recent income tax return of you and your Spouse.
-
- F. Copies of any gift tax returns which have been filed by you or your Spouse.
-
- G. Marital or premarital agreements between you and your Spouse.
-
- H. Documents pertaining to divorce or child support obligations of you or your Spouse.
-
- I. Agreements which would require your estate to sell (or offer) property of yours to others at your death.
-
- J. Insurance policies.
-
- K. Any contracts with your employer including employment contracts that provide for payment of benefits at your retirement, death or disability.
-
- L. Beneficiary forms provided by your employer for benefits payable at your death.
-
- M. Partnership and Joint Venture Agreements.
-
- N. Mineral or royalty deeds.
-
- O. Partition Agreements.

WHEN TO CONSIDER REVISIONS TO YOUR ESTATE PLANNING DOCUMENTS

- Death:** Not yours, but the death of a beneficiary, an executor, a trustee, a guardian, or one who holds your power of attorney.
- Disability:** Same considerations as death.
- Decline:** Although not as serious as disability, your own declining mental or physical health, as well as that of others, should be noticed and watched.
- Disaffection:** This is when you no longer wish to provide benefits or entrust someone to serve as an executor, trustee, guardian, or agent under a power of attorney.
- Disappearance:** This is disaffection on steroids. If you lose touch with the executor, etc., then the person is considered missing and must be replaced.
- Domestication:** If you plan to get married, or actually do get married, in Texas you and your spouse will be subject to the community property system. The results could be surprising. Consider an agreement in contemplation of marriage.
- Divorce Pending:** Do you really want your estranged spouse to make medical decisions for you or inherit your assets if you die while the divorce is pending?
- Divorce Finalized:** You might want to end all benefits and appointments in favor of your spouse after you are divorced. There are statutes that attempt to do this for you, but they are not self-executing and you may end up back in court to claim those benefits.
- Death Taxes:** They are not going away and the “tax-free amount” could decrease or even increase, and that could complicate or simplify your situation.
- Designation:** If your generosity is redirected to another person, you should change beneficiary designations for life insurance, 401(k)s, individual retirement accounts, etc., to reflect current choices.
- Distrust:** Lack of trust is the best reason to change trustees, executors, and those who hold powers of attorney.
- Dissipation:** When a beneficiary has been identified as a spendthrift, benefits should be under the control of a trustee.
- Drugs:** Special planning is required for a beneficiary who has problems related to illegal drug use, abuse of prescription drugs, or abuse of alcohol. Gifts to those beneficiaries also should be under the control of a trustee.

- Descendants:** Although the welcoming of a child or grandchild is an event to celebrate, if a child or grandchild is placed for adoption or is born out of wedlock, special gifting may be required.
- Domestic Partner:** Consider whether benefits should be given or withheld from your partner or the partner of another family member or beneficiary and, if given, the appropriate method for doing so.
- Disaster:** A fire, a flood, a tornado, or a hurricane could destroy an asset of particular value and cause an imbalance in benefits among beneficiaries.
- Decimation:** The collapse of the stock market, for example, could impact a will that designates gifts of large amounts of cash or a valuable property to one person and results in very little for to other beneficiaries.
- Deportation:** With immigration “reform” uncertain, the unanticipated deportation of a trusted employee, caregiver, or proposed executor could disrupt your plan.
- Disposition:** We’re talking here about your mortal remains and the need for instructions if you have a particular method in mind.
- Digital Data:** Online banking, automatic bill paying, websites, email, social networks, and hard drives are current examples of the digital world in which most, if not all, of us find ourselves. Most are password-protected and some are encrypted. Arrange for access by a family member, someone who holds your power of attorney, your named executor, or a trusted friend with instructions regarding any specialized content.
- Distance:** Consider replacing a trustee, executor, or power of attorney holder who is living too far away to provide meaningful assistance on a timely basis.
- Domicile:** If you move out of the state of Texas, you should have a local attorney review estate documents in light of the laws of that state. A move to a different city in Texas should not have any legal effect, though it could make it impractical or of little help to have guardians and holders of medical powers of attorney located in the former city.
- Don’t Do It Yourself:** This is a great way for your to complicate affairs so that survivors incur greater expenses - especially legal fees.