

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

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 []

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, <u>City, State</u>	Date of <u>Birth</u>	Health Status Disabilities, Adopted, or Previous <u>Marriage*</u>
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**

	<u>Street Address, City, State</u>	<u>Date of Birth</u>	<u>Relation</u>	<u>Comments</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

PARENTS:

	<u>Father</u>	<u>Mother</u>
Living:	<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
Expected Inheritance from Parents:	_____	_____

BROTHERS AND SISTERS:

<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:

Previous Marriage(s): _____

Date(s) of Marriage: _____

State of Residence at Date(s) of Marriage: _____

Former Spouse(s): _____

Place and Date of Marriage(s): _____

Terminated By: Divorce Death On: _____

Place of Termination _____

Divorce or Probate Attorney: _____

Obligations To or From Former Spouse(s):

1. Child Support: _____

2. Alimony: _____

3. Other: _____

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

MILITARY SERVICE:

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 made gifts in excess of \$10,000 to any individual in any year? Yes No
- 2. Do you plan to make gifts in excess of \$10,000 to any individual in the future? Yes No

3. Have you:

Filed gift or generation-skipping tax returns in prior years? Yes No

Utilized any portion of your estate or generation-skipping lifetime credit? Yes No

If gift tax returns have been filed, please bring copies if available. Yes No

Paid gift or generation-skipping taxes? Yes No

Created trusts for any other person? Yes No

If trusts have been created, please bring copies if available.

Established a plan of charitable giving? Yes 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:

Yes No Dated: _____ Location: _____

If yes, furnish copies.

2. Are Living or Revocable Trusts presently in existence?

Yes No Dated: _____ Location: _____

If yes, furnish copies.

3. Are Powers of Attorney in existence:

Yes No Dated: _____

If yes, furnish copies.

4. Are Health Care Powers of Attorney in existence:

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?

Yes No Dated: _____

If yes, furnish copies.

6. Are Designations of Guardian in existence:

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:

Estimated Value

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 _____

4. Cash

- a. Checking Accounts _____
- b. Savings Accounts
and C/D's _____

5. Notes and Receivables _____

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

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

Estimated Values

- 6. Life Insurance (face value)
 - a. On Your Life _____
 - b. 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 _____

Estimated Values

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 _____

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:

Total Assets \$ _____
Total Liabilities \$ _____
NET ESTATE \$ _____

D. ANNUAL INCOME:

Your Earned Income or Net Business Income \$ _____
Other Income \$ _____
TOTAL INCOME \$ _____

E. PROPERTY CLASSIFICATIONS

1. Do you, 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.

2. Do you, 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.

3. 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.

4. Is all of the property listed above located in Texas?
 Yes No If no, specify property and its location.

5. 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			\$ _____

* 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.

B. POLICIES OWNED BY YOU 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. 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 death? 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>
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>
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>
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? List in order of preference (note that two or more persons may serve jointly).

<u>Name</u>	<u>Address and Telephone</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? List in order of preference (note that two or more persons may serve jointly).

<u>Name</u>	<u>Address and Telephone</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? List in order of preference (note that persons and entities may not serve jointly).

Guardian of Your Estate

Guardian of Your Person

- | | |
|----------|-------|
| 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 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.)

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 yourself:

- To provide a home
- To provide security of income
- To provide business management of your property by others
- To provide for family
- To enable another to go into business or to continue my business
- To protect myself 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 are or may become a beneficiary.
- B. Trusts:
- 1. Any trust that you may have established.
 - 2. Any trust of which you are or may become a beneficiary.
 - 3. Any trust of which you are serving as trustee.
- C. Powers of Attorney which you may have given.
- D. Directives to Physicians signed by you.
- E. Copy of most recent income tax return.
- F. Copies of any gift tax returns which have been filed by you.
- G. Documents pertaining to divorce or child support obligations.
- H. Agreements which would require your estate to sell (or offer) your property to others at your death.
- I. Insurance policies.
- J. Any contracts with your employer including employment contracts that provide for payment of benefits at your retirement, death or disability.
- K. Beneficiary forms provided by your employer for benefits payable at your death.
- L. Partnership and Joint Venture Agreements.
- M. Mineral or royalty deeds.
- N. Divorce decrees and other amending decrees.
- O. Probate documentation from spouse's death

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.