

ESTATE PLANNING QUESTIONNAIRE
FOR SINGLE PERSON

Please answer all questions that apply to you as fully as possible. Please either type or print clearly, especially when writing names, addresses and telephone numbers.

I. **IDENTIFICATION**

Full Legal Name: _____

Variations of name, if any: _____

Address: _____

County of Residence: _____

Phone Numbers:

Home _____ Cell _____ Work _____

Date of Birth: _____ U.S. Citizen: _____ Yes _____ No

If not, what is the Country of your citizenship? _____

Have you always lived in Texas? _____ Yes _____ No

If not, please state where you have previously lived, and when you moved to Texas:

Do you plan to move to another state: _____ Yes _____ No

If so, when and which state? _____

Do you currently have a Will (if so, please furnish copy) _____ Yes _____ No

Do you currently have a Trust (if so, please furnish copy) _____ Yes _____ No

II. FAMILY INFORMATION

Do you have any children? _____ Yes _____ No How many? _____

(1) Full legal name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Marital Status: _____

Name of spouse: _____

Name of child's other parent: _____

Does the child have children? _____ Yes _____ No

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

(2) Full legal name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Marital Status: _____

Name of spouse: _____

Name of child's other parent: _____

Does the child have children? _____ Yes _____ No

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

(3) Full legal name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Marital Status: _____

Name of spouse: _____

Name of child's other parent: _____

Does the child have children? _____ Yes _____ No

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Any children financially dependent on you? _____ Yes _____ No

If so, please provide: Name: _____ Age: _____

Do you have any deceased children? _____ Yes _____ No

Is there any other family information that may be relevant to your estate plan? If so, specify:

MISCELLANEOUS

Please explain any special circumstances with respect to any child or grandchild, such as physical or mental health status, special education requirements, etc.

FINANCIAL DATA

Checking Accounts:

(1) Name of bank:

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account): _____

(2) Name of bank:

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account): _____

Savings Accounts:

(1) Name of bank:

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account): _____

(2) Name of bank:

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account): _____

Certificates of Deposit/IRA/Annuities

(1) Name of bank: _____

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Is this an IRA? _____. If so, name of beneficiary: _____

(2) Name of bank: _____

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Is this an IRA? _____. If so, name of beneficiary: _____

(3) Name of bank: _____

Account No.: _____ Value: \$ _____

Person(s) authorized to sign on account: _____

Is this an IRA? _____. If so, name of beneficiary: _____

Real Property - Residence

Address: _____

Market Value: \$ _____ Outstanding Mortgage: \$ _____

Real Property - Other

Address: _____

Market Value: \$ _____ Outstanding Mortgage: \$ _____

PERSONAL PROPERTY:

Please list all vehicles, boats, motor homes, motorcycles, travel trailers, etc.

1. _____ Value: \$ _____

2. _____ Value: \$ _____

3. _____ Value: \$ _____

4. _____ Value: \$ _____

5. _____ Value: \$ _____

LIFE INSURANCE

(1) Company: _____ Policy # _____

Death benefit \$ _____ Cash value: \$ _____

Owner: _____ Insured: _____

(2) Company: _____ Policy # _____

Death benefit \$ _____ Cash value: \$ _____

Owner: _____ Insured: _____

INCOME

<u>Source</u>	<u>Yearly amount</u>
Salary, wages bonuses	\$ _____
Other business income	\$ _____
Social Security income	\$ _____
Retirement pay	\$ _____
Annuity income	\$ _____
Income from rental property	\$ _____
Other: _____	\$ _____

NOTES and OBLIGATIONS

Describe type of debt owed to you and current outstanding principal (i.e. credit card debt, loans, etc...)

- (1) _____ Amount: \$ _____
- (2) _____ Amount: \$ _____
- (3) _____ Amount: \$ _____
- (4) _____ Amount: \$ _____

BENEFICIAL INTEREST

Are you a trust beneficiary, or do you have a life estate or any similar arrangement? _____

If yes, briefly describe and provide approximate value of interest, if possible.

APPOINTMENTS

You need to select individuals to serve as the Executor of your Will, the Trustee of any trusts created under your Will, and the Guardian of your minor children (if you have or may have such children) in the event you predecease them. Siblings are often chosen as guardian or alternates. You should also select at least one and preferably two alternates for each of these positions.

The Executor is in charge of probating your estate. He or she will collect the estate property and file an inventory of it, and then pay any debts and distribute the estate according to the terms of your Will. The Trustee is in charge of any trusts that may be created under your Will (e.g. contingent trust for a minor beneficiary). The Trustee manages and invests the trust property, makes distributions of income and principal according to the terms of the trust, and terminates the trust at the appropriate time.

We recommend that clients, in addition to a Will, execute durable powers of attorney for property and health care and a directive to physicians (living will). The powers of attorney grant an agent broad powers to act and make decisions when you are unable to do so with respect to your property and health care, respectively.

The directive to physicians states your wishes regarding health care in certain situations. Usually it directs that life-sustaining procedures be withheld or withdrawn if you have a terminal condition and your death is imminent; however, the document can be modified to reflect your beliefs and desires.

All of your appointees should be people whose judgment you trust implicitly, because all of these positions carry important responsibilities.

For each appointee, please provide their legal names, as well as mailing addresses and telephone numbers. After you have provided all requested information on each of your appointees in one area of this questionnaire, you then only need to use their full legal names throughout the remainder of the questionnaire.