**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ INITIAL ESTATE PLANNING QUESTIONNAIRE**

|  |
| --- |
| **Family Information** |
| 1st Client Full Name: |  | Age:  | Birthdate:  |
| If married, complete information for 2nd Client (spouse) below. Date of Marriage:  |
| 2nd Client Full Name: |  | Age:  | Birthdate:  |
| Mailing Address: |  |
| 1st Client Contact Info: | Email: |
| Home Phone: | Cell Phone: |
| 2nd Client Contact Info:  | Email: |
| Home Phone:  | Cell Phone:  |
| **Children**(born or adopted during your current marriage) |
|  | **Name** | **Birthdate** |
| 1 |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **Personal Representatives** | **1st Client** | **2nd Client** |
| ExecutorYour executor is the person responsible for making sure your wishes, as expressed in your will, are carried out. | Primary: | Primary: |
| Alternate 1: | Alternate 1: |
| Alternate 2: | Alternate 2: |
| Trustee (if applicable)If you want to create a trust, choose a responsible person to serve as trustee. | Primary: | Primary: |
| Alternate 1: | Alternate 1: |
| Alternate 2: | Alternate 2: |
| Power of Attorney (Financial)An agent under a financial POA can make financial decisions for you if you are incapacitated or unavailable. | Primary: | Primary: |
| Alternate 1: | Alternate 1: |
| Alternate 2: | Alternate 2: |
| Medical Power of AttorneyIf you are in a coma or otherwise incapacitated, you can name an agent to make medical decisions for you. | Primary: | Primary: |
| Alternate 1: | Alternate 1: |
| Alternate 2: | Alternate 2: |
| Advance Directive AgentThis is the person responsible for expressing your wishes for end-of-life care. | Primary: | Primary: |
| Alternate 1: | Alternate 1: |
| Alternate 2: | Alternate 2: |
| \* Note: If they are not your spouse or one of your children, please include your relationship with each of the above representatives (e.g., brother, cousin, friend, business partner, etc.) |
| **1st Client Additional Information** |
| Any prior marriages?  Yes  No If Yes, please provide the following information. |
| **Name of Prior Spouse (if any)** | **Marriage terminated by** | **Year marriage ended** |
|  |  Death  Divorce |  |
|  |  Death  Divorce |  |
|  |  Death  Divorce |  |
| Do you have children born or adopted during a prior marriage or relationship?  Yes  NoIf Yes, please provide the following information for each child: |
| **Name** | **Birthdate** | **Name of Other Parent** |
| 1. |  |  |
| 2 |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **2nd Client Additional Information** |
| Any prior marriages?  Yes  No If Yes, please provide the following information. |
| **Name of Prior Spouse (if any)** | **Marriage terminated by** | **Year marriage ended** |
|  |  Death  Divorce |  |
|  |  Death  Divorce  |  |
|  |  Death  Divorce |  |
| Do you have children born or adopted during a prior marriage or relationship?  Yes  NoIf Yes, please provide the following information for each child:  |
| **Name** | **Birthdate** | **Name of Other Parent** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **Additional Information** |
| Please indicate all of these which apply to you or your spouse or life partner: |
|  I/We own real estate outside Texas |  I/We have a child with special needs |
|  I/We need to provide for the care of a parent |  I/We anticipate moving out of Texas soon |
|  I/We anticipate a challenge to my (our will) |  I/We are retired or nearing retirement |
|  I/We want to disinherit the following person(s): |  I/My spouse have/has a terminal illness or illness which will cause me/my spouse to become incapacitated |
|  The total value of my (our) estate, including life insurance, is more than $10,000,000 |
| If you checked any of these boxes, please provide more information below: |
|  |