**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** | |
| Executor  Your 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 Attorney  If 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 Agent  This 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  No  If 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  No  If 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: | | | | | | | | |
|  | | | | | | | | |