ESTATE PLANNING INFORMATION

This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial estate planning for your situation. Because estate planning has personal as well as tax implications, detailed information is important to create the best estate plan for you. If the question does not apply to you, please indicate “N/A.” The information you provide is held in strict confidence.

# Part I: General Information

**YOURSELF** **SPOUSE (if applicable)**

|  |  |  |
| --- | --- | --- |
| Full Legal Name |  |  |
| Other name or nickname known by, if any: |  |  |
| Name you want to use on legal documents: |  |  |
| Home Address: |  |  |
| Date began occupying your home: |  |  |
| County of Residence: |  |  |
| Home Telephone Number: |  |  |
| E-mail address: |  |  |
| Cell Phone Number: |  |  |
| Date of Birth: |  |  |
| Social Security Number: |  |  |
| Occupation: |  |  |
| Name of Employer; Note if Self-employed and Name of Business: |  |  |
| Business Telephone Number: |  |  |
| Where to you plan to keep your original estate planning documents? (e.g., home, safety-deposit box) |  |  |

# Part II: Family Information

**Please list your children, if any:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Address and Phone Number** | **Birthday** | **Note (1) if both Husband and Wife’s child; (2) if only Husband’s child; or (3) if only Wife’s child** | **Sex**  **Male/**  **Female** | **Adopted?** | **Deceased?**  **Date Deceased** |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | Do you have any children with disabilities or special needs? If so, please explain: | | | | | | |

**Please list your grandchildren, if any:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Address and Phone Number** | **Birthday** | **Whose Child?** | **Sex**  **Male/Female** | **Adopted?** | **Deceased?** |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | Do you have any grandchildren with disabilities or special needs? If so, please explain: | | | | | | |

**Please list your great-grandchildren, if any:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Address and Phone Number** | **Birthday** | **Whose Child?** | **Sex**  **Male/Female** | **Adopted?** | **Deceased?** |
|  | |  |  |  |  |  |  |
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|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | Do you have any great-grandchildren with disabilities or special needs? If so, please explain: | | | | | | |

# Part III: Parents

**Please list your husband’s parents:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Birthday** | **Deceased?** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please list your wife’s parents:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Birthday** | **Deceased?** |
|  |  |  |
|  |  |  |
|  |  |  |

# Part IV: Marital Situation

**YOURSELF** **SPOUSE**

|  |  |  |
| --- | --- | --- |
| Date you were married. |  | |
| Have either of you entered into any pre-marital or post-marital agreement affecting your rights in each other’s property? |  |  |
| Have you been married before? |  |  |
| Name(s) of former spouse(s): |  |  |
| List any children of the former marriage: |  |  |
| List any children outside of marriage: |  |  |
| Please describe any alimony or child support you are obligated to pay or entitled to receive: |  |  |
| Military Service | |  |
| Have either of you ever served in the military? |  |  |
| Citizenship | |  |
| List each country of citizenship: |  |  |

# Part V: Assets/Liabilities

Please put an **estimated value** on each asset owned by you or your spouse and indicate which of you owns the asset by listing it in the appropriate column.

Note: **Separate property** is generally property owned prior to marriage or received through gift or inheritance. **Community property** is all other property received or earned during the marriage.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Separate Property Owned by Husband** | **Separate Property Owned by Wife** | **Community Property Owned Jointly** |
| Home | **$** | **$** | **$** |
| Vacation Home | **$** | **$** | **$** |
| Other Real Estate | **$** | **$** | **$** |
| Other Real Estate | **$** | **$** | **$** |
| Checking Accounts | **$** | **$** | **$** |
| Savings  Accounts | **$** | **$** | **$** |
| Certificates  Of Deposit | **$** | **$** | **$** |
| Investment Accounts | **$** | **$** | **$** |
| Closely Held Stocks | **$** | **$** | **$** |
| Royalties | **$** | **$** | **$** |
| Life Insurance (include all types) | **$** | **$** | **$** |
| Furniture | **$** | **$** | **$** |
| Vehicles | **$** | **$** | **$** |
| Annuities | **$** | **$** | **$** |
| Boats | **$** | **$** | **$** |
| Jewelry | **$** | **$** | **$** |
| Collectibles | **$** | **$** | **$** |
| IRAs | **$** | **$** | **$** |
| 401(k) or Keogh | **$** | **$** | **$** |
| Other Retirement Accounts or Plans | **$** | **$** | **$** |
| Bonds | **$** | **$** | **$** |
| Other Assets | **$** | **$** | **$** |
| **TOTAL** | **$** | **$** | **$** |

# LIABILITIES

|  |  |  |  |
| --- | --- | --- | --- |
| **Liabilities** | **Of Husband** | **Of Wife** | **Joint** |
| Home Mortgage | **$** | **$** | **$** |
| Other Mortgage | **$** | **$** | **$** |
| Other Mortgage | **$** | **$** | **$** |
| Auto Loans | **$** | **$** | **$** |
| Other debt | **$** | **$** | **$** |
| Other debt | **$** | **$** | **$** |
| **TOTAL** | **$** | **$** | **$** |
| **NET WORTH** | **$** | **$** | **$** |

|  |  |
| --- | --- |
| Have either of you ever filed a federal gift tax return? *(We may ask you to provide a copy of each such return.)* |  |
| Have either of you ever established any trusts? If yes, please explain: What is the current value of the assets placed in each trust? *(We may ask you to provide a copy of the trust documents.)* |  |
| Is either of you the current or prospective beneficiary or trustee under a trust instrument established by any other person? If yes, please explain: |  |
| Is either of you the owner of any oil and gas exploration interests? If yes, please describe them:  *(We may ask you to provide a copy of any available documentation, such as mineral deeds or* division order.) |  |
|  |  |
| *Are either of you involved in a closely held business?*  *If yes, what is its name and address?*  *How is it organized (i.e., proprietorship, partnership, corporation, etc.)?*  *Name all the owners of the business and ownership percentage:* |  |
| Do you have long-term care insurance? |  |
| Do you have an accountant?  If yes, please list name, address and phone: |  |
| Do you have an investment advisor or financial planner?  If yes, please list name, address and phone number: |  |

# Part VI: Disposition of Assets and Guardian of Children

NOTE: If any of these answers are different for husband and wife, please indicate.

|  |  |
| --- | --- |
| **Beneficiaries:**  Please state generally how you would like your assets to be distributed upon your death. |  |
| **Contingent Beneficiaries:**  If your primary beneficiaries predecease you, who would you like to receive your assets? |  |
| **Remote Beneficiaries:**  If all your named beneficiaries predecease you, would you like your assets to go to your heirs-at-law or to a charity? |  |
| **Charities:**  For any charitable organizations you are interested in naming as a beneficiary, please give name, address and phone number: |  |
| **Guardians of Children:**  If you were to die before all your children reached adulthood, who would you want to be their guardian?   Please list name, address and phone numbers: |  |
| Please state 1 or 2 alternates. Please list names, addresses and phone numbers: |  |
| **Executor or Trustee:**  Who would you like to name as the executor of your wills to handle the probate and distribute your estate? Please list name, address and phone numbers: **(You may name your spouse.)** |  |
| Please state 1 or 2 alternates. Please list names, addresses and phone numbers: |  |
| **Trustee:**  Who would you like to name as trustee to handle the finances for your children? Please list name, address and phone numbers: **(You may name your spouse)**  Please state 1 or 2 alternates. Please list names, addresses and phone numbers: |  |
| **Power of Attorney:**  Who would you like to handle your finances in the case of your incapacity? Please list name, address and phone numbers: |  |
| Please state 1 or 2 alternates. Please list names, addresses and phone numbers: |  |
| **Medical Power of Attorney:**  Who would you like to make medical decisions for you in the event of your incapacity? Please list name, address and phone numbers: |  |
| Please state 1 or 2 alternates. Please list names, addresses and phone numbers: |  |
| **HIPAA Authorization:**  Who would you like to authorize to talk to your doctors/medical providers about your medical situation? |  |
| **Disposition of remains:** Cremation, Burial, or do not make reference to either. |  |

How did you hear about our firm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of person completing this Questionnaire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Please send it to [deanlawfirm@juliadeanlaw.com](mailto:deanlawfirm@juliadeanlaw.com) or fax to (281) 277-1534 prior to your appointment.

The Dean Law Firm, PLLC

The Offices at Kensington

1650 Highway 6 South, Suite 100

Sugar Land, TX 77478

Tel: 281-277-3326 Fax: 281-277-1534

Website: [deanlawfirm@juliadeanlaw.com](mailto:deanlawfirm@juliadeanlaw.com)