

ESTATE PLANNING QUESTIONNAIRE - MARRIED

Contact Information	Husband	Wife
Full Name:	(FIRST) (MIDDLE) (LAST)	(FIRST) (MIDDLE) (LAST)
Nickname or Preferred Name:		
Home Telephone:		
Mobile/Cellular:		
Email Address:		
Home Address: (include County)		
Personal Information	Husband	Wife
Birth Date:		
U.S. Citizen: (If no, list country of residence)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:		

RELEASE OF DOCUMENTS: Before/after the death of either or both spouses, to whom may information or documentation from your file be released: _____.

Family Information		
Date and State of Marriage:		
If you have lived outside Texas during this marriage, list the states and dates of residences.		
	Husband	Wife
Are Pre-marital or Post-marital agreements in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received or do you expect to receive a significant inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any taxable gifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Children of Present Marriage (For additional children, use other side.)		
FIRST CHILD:		
Full Name (first, middle, last):		
Home Address: (include county)		
Telephone Number:	Home -	Cell -
Date of Birth:		
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouses name -
Date of Death (if applicable):		
SECOND CHILD:		
Full Name (first, middle, last):		
Home Address: (include county)		
Telephone Number:	Home -	Cell -
Date of Birth:		
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouses name -
Date of Death (if applicable):		

THIRD CHILD:

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

☐ Yes☐ No

Marital Status:

☐ Yes☐ No

Spouses name -

Date of Death (if applicable):

**Wife's Children of Prior Marriage
(For additional children, use other side.)****FIRST CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

☐ Yes☐ No

Marital Status:

☐ Yes☐ No

Spouses name -

SECOND CHILD:

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted:

☐ Yes☐ No

Marital Status:

☐ Yes☐ No

Spouses name -

**Husband's Children of Prior Marriage
(For additional children, use other side.)****FIRST CHILD:**

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

☐ Yes☐ No

Marital Status:

☐ Yes☐ No

Spouses name -

SECOND CHILD:

Full Name (first, middle, last):

Home Address: (include county)

Telephone Number:

Home -

Cell -

Date of Birth:

Was this child adopted?

☐ Yes☐ No

Marital Status:

☐ Yes☐ No

Spouses name -

Assets (Please complete or attach a balance sheet.)			
		Current Fair Market Value	How is Title Held? In What Name(s)?
Bank Accounts (include savings, checking, etc.):	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
Stocks, Bonds and Mutual Funds:	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
Closely Held Businesses, Partnerships, etc.	1. _____ 2. _____ 3. _____	1. \$ _____ 2. \$ _____ 3. \$ _____	1. _____ 2. _____ 3. _____
Real Estate (Personal Residence):			
Real Estate (Vacation Home):			
Real Estate (Investment):			
Real Estate (Outside of Texas):			
Other Property (In or Out of Texas):			
*Community Property, Separate Property, Community Property with Rights of Survivorship, Joint Property with Rights of Survivorship. If unknown, state the name(s) which appear on the title.			

Life Insurance and Annuities						
Company	Owner	Insured	Beneficiary	Face Amount	Cash Value	Death Benefit
				Total:		

IRAs, 401(k)s, and Other Retirement Plans

Company/Custodian	Type of Plan	Participant	Beneficiary	Vested Amount	Death Benefit

Total:

What Are Your Estate Planning Objectives?

Describe in general terms how you wish to leave your property at death to your family, friends and charities.

Do you have any beneficiaries with special needs? (Parent, child, etc.)

*****PARTIES TO BE APPOINTED – PLEASE COMPLETE AS DIRECTED BELOW*****

Please provide the full names, addresses and cell phone numbers of persons (if not already provided above on page 1 and 2) you are at least considering appointing to serve in any capacity or to receive property on your death). The attorney will review and discuss these decisions with you in full at the time of your conference.

FIRST, MIDDLE & LAST NAME	Address	Cell Phone Number	Birth Date/Age	Relationship
1.				
2.				
3.				
4.				
5.				