

ESTATE PLANNING QUESTIONNAIRE- UNMARRIED

Contact Information

Full Name:	(First)	(Middle)	(Last)
Home Address: (include County)			
Home Telephone:			
Mobile/Cellular:			
Email Address:			
Nickname or Preferred Name:			

Personal Information

Birth Date	
U.S. Citizen: (If no, list country of residence)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	

RELEASE OF DOCUMENTS: Before/after your death, to whom may information or documentation from your file be released:

_____.

Family Information

State pre-marital or post marital agreements in effect:	
Have you ever placed a child of yours up for adoption?	
Have you received or do you expect to receive a significant inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Children

FIRST CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	
Date of Birth:		Date of Death (if applicable):	
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Spouse:	
Name of other Parent:		Marriage ended by:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death

SECOND CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	
Date of Birth:		Date of Death (if applicable):	
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Spouse:	
Name of other Parent:		Marriage ended by:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death

THIRD CHILD:

Full Name:	(First)	(Middle)	(Last)
Home Address: (include county)			
Telephone	Home -	Cell -	

Date of Birth:		Date of Death (if applicable):
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Spouse:
Name of other Parent:		Marriage ended by: <input type="checkbox"/> Divorce <input type="checkbox"/> Death

Assets (Please complete or attach a balance sheet.)			
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		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						
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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.				
6.				
7.				