

Estate Planning Questionnaire

Instructions: Please complete the Estate Planning Questionnaire to the best of your ability and knowledge. All information contained within will be held in strict confidence. It is especially important that names are spelled correctly and that the information provided is accurate. If you are unable to include all of the given information within the allotted space, please provide additional pages to ensure that all your goals and objectives are reflected.

The purpose of this questionnaire is to provide a wide range of information about you and your family to ensure that you are properly advised regarding your estate plan. Some of the information will be incorporated directly into your Will. Some information will not, but the information will be helpful as we discuss your estate planning goals and objectives.

If a question does not apply to your situation, you may insert N/A or simply skip over to the next question. Please attach the completed questionnaire and email it to christy@motonlaw.com and/or bring to the client meeting. Should you have any questions while filling out the questionnaire, please contact my office at (713) 554-4975.

Date:

Client's Full Legal Name:

PART 1: BACKGROUND INFORMATION

1. CONTACT INFORMATION

Telephone No.:

Alt. Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Date of birth:

Military Service: () Yes () No

Service Serial Number:

Branch of Service:



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Dates of Service:
Veteran's Administration Disability Number:

2. MARITAL STATUS

() Single () Married () Widowed () Divorced () Separated

Spouse's name:
Spouse's date of birth:
Citizenship (if other than U.S.):

Wife:

Husband:

Former marriages? Husband: () Yes () No Wife: () Yes () No

3. CHILDREN & OTHER PERSONS

Children of CURRENT marriage (including legally adopted children) starting with the oldest child:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:



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Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Children of your FORMER marriage (including legally adopted children) starting with the oldest child:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:



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Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Children of Spouse’s FORMER marriage (including legally adopted children) starting with the oldest child:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:
Address if different than your address:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:

Name:
Birthdate:
Gender:
Married? () Yes () No
of Children: Age range:



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Deceased Children:

Name:
Birthdate:
Gender:
Married at time of death? () Yes () No
of Children: Age range:

Name:
Birthdate:
Gender:
Married at time of death? () Yes () No
of Children: Age range:

Other People to be considered in your Estate:

Name:
Birthdate:
Gender:
Relationship to you:
Address:

Name:
Birthdate:
Gender:
Relationship to you:
Address:

Name:
Birthdate:
Gender:
Relationship:
Address:



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Charitable Organizations to be considered in your Estate:

Name:
Address:
Website (and email):
Type of Organization (i.e. church, social organization, educational foundation):

Name:
Address:
Website (and email):
Type of Organization (i.e. church, social organization, educational foundation):

Name:
Address:
Website (and email):
Type of Organization (i.e. church, social organization, educational foundation):

PART 2: ABOUT THE “CURRENT/EXISTING” ESTATE DOCUMENTS

4. EXISTING WILL

Do you have an existing will? () Yes () No
Date of will:

Primary Executor(s)

Name:
Address:
Phone:
Email:
Relation to you:



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Name:
Address:
Phone:
Email:
Relation to you:

Secondary Executor(s)

Name:
Address:
Phone:
Email:
Relation to you:

Name:
Address:
Phone:
Email:
Relation to you:

Primary Guardian(s) in event of disability/incapacity

Name:
Address:
Phone:
Email:
Relation to you:

Name:
Address:
Phone:
Email:
Relation to you:

Secondary Guardian(s) in the event of disability/incapacity

Name:
Address:
Phone:
Email:
Relation to you:

Name:
Address:
Phone:
Email:
Relation to you:

5. **EXISTING TRUSTS**

Do you have an existing trust(s)? () Yes () No

If so, list the name and type of trust or trusts you currently have:

If you have a trust or trusts, do you want to **continue, revise, or remove** the trust or trusts?
() **continue** () **revise** () **remove**

Date of trust(s):

Primary Trustee(s)

Name:
Address:
Phone:
Email:
Relation to you:



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Name:
Address:
Phone:
Email:
Relation to you:

Secondary Trustee(s)

Name:
Address:
Phone:
Email:
Relation to you:

Name:
Address:
Phone:
Email:
Relation to you:

6. **EXISTING POWER OF ATTORNEYS**

Durable Power of Attorney

Do you have an existing durable power of attorney? () Yes () No

Date of power of attorney:

Primary Agent (for durable power of attorney)

Name:
Address:
Phone:
Email:
Relation to you:



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Secondary Agent (for durable power of attorney)

Name:
Address:
Phone:
Email:
Relation to you:

Medical Power of Attorney/Directives to Physicians/Living Will/HIPPA

Do you have an existing medical power of attorney? () Yes () No

Date of medical power of attorney:

Primary Agent (for medical power of attorney)

Name:
Address:
Phone:
Email:
Relation to you:

Secondary Agent (for medical power of attorney)

Name:
Address:
Phone:
Email:
Relation to you:

PART 3: NOW, ABOUT THE “NEW” ESTATE DOCUMENTS TO BE DRAFTED

WILL BEQUESTS

Note: In the space below, list specific assets that you intend to gift or leave to your heir(s). If you are not 100% sure, list what you have decided to gift and to whom. We will discuss at length during our meeting. Later in the estate planning process, I will ask you to draft a letter explaining why you gifted particular assets to certain heirs in your will.

List any direct heirs (children or other relatives) you would like to exclude from your Estate:

7. GENERAL ITEMS TO BEQUEST (in the Will)

Real Estate

Type:

Location (City, State):

Owner:

Type of Ownership:

Purchase Date:

Mortgage

Mortgage Lien None

Bequest subject to mortgage/lien?

Type:

Location (City, State):

Owner:

Type of Ownership:

Purchase Date:

Mortgage

Mortgage Lien None

Bequest subject to mortgage/lien?

Type:

Location (City, State):

Owner:

Type of Ownership:

Purchase Date:

Mortgage

Mortgage Lien None

Bequest subject to mortgage/lien?



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Personal Property (cars, jewelry, valuables)

Item:
Description:
Location(s):

Item:
Description:
Location(s)

Item:
Description:
Location(s):

Item:
Description:
Location(s):

Bank Accounts, Investments, 401(K), etc:

Type of Account:
Bank:

Type of Account:
Bank:

Type of Account:
Bank:

Type of Account:
Bank:



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Type of Account:
Bank:

8. UNDERAGE BENEFICIARIES

If any of your recipients or beneficiaries are under 18, do you want their share to be placed in trust? () Yes () No

Which beneficiary(s)?

9. EXECUTORS & GUARDIANS

Designating an Executor (of the Will)

Name:
Address:
Phone:
Email:
Relationship to you:

1st Alternate Executor

Name:
Address:
Phone:
Email:
Relationship to you:

2nd Alternate Executor

Name:
Address:
Phone:
Email:
Relationship to you:

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Designating a Guardian (of minor or disabled children)

Name:
Address:
Phone:
Email:
Relationship to you:
Relationship to child:

1st Alternate Guardian
Name:
Address:
Phone:
Email:
Relationship to you:
Relationship to child:

2nd Alternate Guardian
Name:
Address:
Phone:
Email:
Relationship to you:
Relationship to child:

10. TRUSTS AND TRUSTEES

Do you want a trust or trusts? () Yes () No

If yes, then complete the following:

TRUST ASSETS

In the space below, you list assets that you intend to bequeath to a trust or trust(s). If you are not 100% sure, list what you have decided to gift to the trust(s). We will discuss this at length during our meeting. If you are bequeathing all of your assets to a trust or trust(s), write a sentence below to this effect.

Designating a Trustee (of the Trust(s))

Name (if an organization or financial institution, provide the business name):

Address:

Phone:

Email:

Relation to you:

1st Alternate Trustee

Name (if an organization or financial institution, provide the business name):

Address:

Phone:

Email:

Relation to you:

2nd Alternate Trustee

Name (if an organization or financial institution, provide the business name):

Address:

Phone:

Email:

Relation to you:

11. POWER OF ATTORNEYS

Durable Power of Attorney

You may name someone as your “agent” or “attorney-in-fact” under a **durable power of attorney**. (The term “durable” means that the agent’s authority to act under the power of attorney will not terminate upon your incapacity.) The agent will have authority to pay your bills, sell your assets, etc., if you **ever** become incompetent to do this yourself. Naming an agent can save a great deal in court costs and legal fees, but you should only name someone you trust completely. Two people can act together at the same time. (Usually, your spouse is

named as the primary agent.) Also, you can make the agent's authority effective immediately, or only upon your disability.

Do you currently have a durable power of attorney? () Yes () No

Do you want a durable power of attorney? () Yes () No

If yes, then complete the following:

Primary Agent

Name:
Address:
Phone:
Email:
Relation to you:

Secondary Agent

Name:
Address:
Phone:
Email:
Relation to you:

Medical Power of Attorney

You may name someone as your agent for the purpose of making **medical or other health care decisions** for you under a medical power of attorney, if you ever become incapable of making these decisions yourself. You may also express a desire that you do not want your life prolonged by artificial means by signing a directive to physicians and family or surrogates, commonly known as a "living will." Both of these documents are known as advance directives.

Again, naming an agent can save a great deal, but you should only name someone you trust. Also, while joint agents may be permissible, the statutes authorizing these documents do not contemplate joint agents, so we recommend naming agents one-at-a-time. (Again, your spouse is usually named as the primary agent.)



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Do you want a living will (also known as Medical Power of Attorney or a directive to physicians)? () Yes () No

If yes, then complete the following:

Primary Agent

Name:
Address:
Phone:
Email:
Relationship to you:

Secondary Agent

Name:
Address:
Phone:
Email:
Relationship to you:

Terminal Condition

"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"Artificially administered nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

Given the above definitions and explanation, indicate below your wishes relating to a "terminal condition."

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; **OR**

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.

Irreversible Condition

"Irreversible condition" means a condition, injury, or illness:

- a. that may be treated, but is never cured or eliminated;
- b. that leaves a person unable to care for or make decisions for the person's own self; and
- c. that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and

hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

Given the above definitions and explanation, indicate below your wishes relating to an "irreversible condition."

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; **OR**

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.



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12. OTHER PERTINENT INFORMATION

If you have other details not already listed or explained in this Questionnaire, please include below.
[Examples- you have a business; particular family situation that I should know about; you have or an heir/beneficiary of yours has significant debts and/or liens]

13. CERTIFICATION

I, (print your name) _____, hereby represent to Moton Law Firm PLLC that the information contained in this Questionnaire is accurate and complete, and that I, the undersigned, understand that Moton Law Firm PLLC will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Moton Law Firm PLLC may not be appropriate.

Signature

Date