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Wills, Trusts, &  
Estate Planning  
Probate Law  
Real Property Law

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## Estate Planning Questionnaire (for Married Clients)

### Wills + POAs

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every single document or number before our meeting; any needed information or paperwork can also be obtained later.

\*\*\*Please designate one spouse as "S1" and the other as "S2," and be careful to refer to the same spouse as such throughout this Questionnaire. For example, if you designate wife as "S1" in Question No. 1, below, then wife should be "S1" in the rest of your answers, below.\*\*\*

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

1. Full names of both spouses (as you will sign your Wills):

\_\_\_\_\_ ("S1")

\_\_\_\_\_ ("S2")

2. Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

3. Contact Info:

a. Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

b. Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

4. Demographic Information:

(a) Birthdates: \_\_\_\_\_ (S1) \_\_\_\_\_ (S2)

(b) Country of Citizenship: \_\_\_\_\_ (S1) \_\_\_\_\_ (S2)

(c) **Last 3 Digits ONLY of:**

a-1. Soc. Sec. No.: \_\_\_\_\_ (S1)      b-1. DL & State: \_\_\_\_\_ (S2)

a-2. Soc. Sec. No.: \_\_\_\_\_ (S1)      b-2. DL & State: \_\_\_\_\_ (S2)

5. Marital History:

(a) Are you currently married? **Y / N**

Date & State of marriage: \_\_\_\_\_

(b) Are you Widowed?

**S1:** **Y / N**

Name of deceased spouse: \_\_\_\_\_

Date of death: \_\_\_\_\_ County/State of Residence: \_\_\_\_\_

Did spouse leave a Will? **Y / N**      **\*\*If yes, please include a copy of the Will.**

Was it probated? **Y / N**

**S2:** **Y / N**

Name of deceased spouse: \_\_\_\_\_

Date of death: \_\_\_\_\_ County/State of Residence: \_\_\_\_\_

Did spouse leave a Will? **Y / N**      **\*\*If yes, please include a copy of the Will.**

Was it probated? **Y / N**

(c) Are you Divorced?

**S1:** **Y / N**

Name of ex-spouse: \_\_\_\_\_

Date & state of divorce: \_\_\_\_\_ **\*\*Please include copy of Divorce Decree.**

Financial obligation: \_\_\_\_\_

**S2:** Y / N

Name of ex-spouse: \_\_\_\_\_

Date & state of divorce: \_\_\_\_\_ \*\*Please include copy of Divorce Decree.

Financial obligation: \_\_\_\_\_

(d) Do you have any premarital or post-marital agreements in effect? Y / N

6. Children & Grandchildren (please include any who are deceased & use extra paper if needed):

(a) Child's Name DOB State of Residence

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(b) Grandchild's Name DOB State of Residence Parent

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(c) Which descendants listed above are deceased?

\_\_\_\_\_

7. Assets:

(a) Address Approx. Value Mortgage Balance

Residence: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

(b) Savings/Checking/Brokerage Accounts (attach extra pages if necessary)

<u>Acct Type</u>	<u>Financial Institution</u>	<u>Approx. Value or Balance</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

(c) IRAs Institution / Custodian Balance Primary Beneficiary

<u>IRAs</u>	<u>Institution / Custodian</u>	<u>Balance</u>	<u>Primary Beneficiary</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(d) Employee Benefit Plans (for defined contribution plans, like 401(k) plans, please use the current account balance. For defined benefit plans, please use either your projected monthly benefit or projected lump sum payment. For stock options, please use current value.)

<u>Plan Type</u>	<u>Institution/Administrator</u>	<u>Balance</u>	<u>Primary Beneficiary</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Yearly Contribution (for defined contribution plans): \_\_\_\_\_

(e) Life Insurance

<u>Institution/Administrator</u>	<u>Cash Value</u>	<u>Payoff Amt</u>	<u>Primary Beneficiary</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(f) Trust Interests (including powers of appointment): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(g) Other Major Assets (fine art, pending lawsuits, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(h) Vehicles (including boats & trailers):

<u>Make &amp; Year</u>	<u>Owner on Title</u>	<u>Issuer State</u>	<u>Value</u>	<u>Loan</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

8. Liabilities (excluding mortgages or car loans listed above)

1. Consumer Debts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Business Debts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever made any taxable gifts? (please include copies of gift tax returns you have filed)

<u>Recipient</u>	<u>Amt.</u>	<u>Date</u>	<u>Source of Funds</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

10. Dispositive Plan

(a) Do you presently have a Will? **Y / N** (please include a copy)

(b) What are your estate planning objectives? (i.e., simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up trusts, etc.)

1. **S1:**

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2. **S2:**

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(c) In general, to whom and how do you want your estate to be distributed?

1. **S1:**

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2. **S2:**

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(d) Your Will will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your Will. At what age should these trusts terminate and distribute the assets outright to them? \_\_\_\_\_

11. Fiduciaries

Your executor is responsible for probating your Will and distributing your assets to your beneficiaries. Married people often appoint their spouse as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternatives than the space below allows, please use additional sheets to indicate.

**S1:**

(a) Executor:

<u>Name</u>	<u>City &amp; State</u>	<u>Relationship</u>
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Primary: \_\_\_\_\_

1<sup>st</sup> Alt: \_\_\_\_\_

2<sup>nd</sup> Alt: \_\_\_\_\_

(b) Guardian and Trustee for Minor Children:

<u>Name</u>	<u>City &amp; State</u>	<u>Relationship</u>
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Primary: \_\_\_\_\_

1<sup>st</sup> Alt: \_\_\_\_\_

2<sup>nd</sup> Alt: \_\_\_\_\_

**S2:**

(a) Executor:

<u>Name</u>	<u>City &amp; State</u>	<u>Relationship</u>
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Primary: \_\_\_\_\_

1<sup>st</sup> Alt: \_\_\_\_\_

2<sup>nd</sup> Alt: \_\_\_\_\_

(b) Guardian and Trustee for Minor Children:

Name \_\_\_\_\_ City & State \_\_\_\_\_ Relationship \_\_\_\_\_

Primary: \_\_\_\_\_

1<sup>st</sup> Alt: \_\_\_\_\_

2<sup>nd</sup> Alt: \_\_\_\_\_

12. Family-Owned Business Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

EIN (optional) \_\_\_\_\_

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way. Spouses often name each other as their primary agents.

**S1:**

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_



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Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**S2:**

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

**S1:**

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**S2:**

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

c. Directive to Physicians

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A “terminal condition” is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

**S1:**

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

**S2:**

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

2. An “irreversible condition” is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

**S1:**

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

**S2:**

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.