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## **Simple Will Questionnaire (for Single Client)**

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.

	Date:	
1. Full name (as you will sign your Will)	:	
2. Address:		
County:		
3. Contact Info:		
a. Phone 1:	Phone 2:	
b. Email:		
4. Birthdate:	US Citizen?:	
<b>Last 3 Digits ONLY of:</b>		
a. Soc. Sec. No.:	b. DL & State:	

	larital History:			
ı)	Are you currently married?	Y/N		
	Date & State of marriage:			
	Spouse Name:			
)	Are you Widowed? Y/N			
	Name of deceased spouse: _			
	Date of death:	_ Coı	unty/State of Residence:	
	Did spouse leave a Will?	Y/N	**If yes, please inclu	de a copy of the Will.
	Was it probated? Y/N			
)	Are you Divorced? Y/N			
	Name of ex-spouse:			
	Date & state of divorce:		**Please include	copy of Divorce Decree.
	Financial obligation:			
. C.	hildren & Grandchildren (pleas Child's Name		y who are deceased & us B	
,				
				<u> </u>
	2			
	2 3			
	2			
·)	2			
·)	2	DOB	State of Residence	
<b>)</b> )	2	DOB	State of Residence	
<b>)</b> )	2	DOB	State of Residence	
))	2	DOB	State of Residence	
<b>)</b> )	2	DOB	State of Residence	

Which descer	ndants listed above are deceased?		
Assets:			
	Арр	orox. Value	Mortgage Balance
Savings/Chec	cking/Brokerage Accounts (attach ext	tra nages if ne	cessary)
_	Financial Institution		• ,
	T HIMITUM HISTORIA		
IRAs	Institution / Custodian	Balance	Primary Beneficiary
1			
2			
current accou	enefit Plans (for defined contribution unt balance. For defined benefit pl efit or projected lump sum payment	lans, please υ	ise either your projected
Plan Type	Institution/Administrator	Balance	Primary Beneficiary
1			
2			
	ibution (for defined contribution plans		

Institution/Administra	tor Cash Value	Payoff Amt	Primary Be	neficiary
1				
2				
3				
Trust Interests (including	ing powers of appoin			
Other Major Assets (fi	ne art, pending laws			
Vehicles (including bo	oats & trailers):			
Make & Year	Owner on Title	Issuer State	Value	Loan
1				
2				
<i>L</i>				
2				
3.				
	gages or car loans li	sted above)		
3	gages or car loans li	sted above)		
3	gages or car loans li	sted above)		
3	gages or car loans li	sted above)		

	Recipient	Amt	•	Date	Source of Funds
	1				
	2				
). I	Dispositive Plan				
)	Do you presently ha	ve a Will?	Y / N	(please in	clude a copy)
)	What are your estate taxes, provide for di		`		pate, avoid income or estate up trusts, etc.)
)	In general, to whom	and how do y	ou want your	estate to be dis	stributed?
)	•	der your Will.	•	. •	dchildren, or other relatives usts terminate and distribute

## 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.

(a)	Executor:				
	Name	City & State	Relationship		
Prim	ary:				
(b)	Guardian and Tru	stee for Minor Children:			
	Name	City & State	Relationship		
Prim	ary:				
1 <sup>st</sup> A	lt:				
2 <sup>nd</sup> A	Alt:				
12.	Family-Owned Busi	ness Information (if applicable)			
	Name				
	EIN (optional)				

\*\*\*THIS QUESTIONNAIRE IS INTENDED FOR SIMPLE WILLS ONLY. IF YOU ARE INTERESTED IN ANY ADDITIONAL, SUPPLEMENTAL ESTATE PLANNING DOCUMENTS (i.e., POWERS OF ATTORNEY, MEDICAL DIRECTIVES, ETC.) WE WOULD LOVE TO DISCUSS THOSE OPTIONS WITH YOU, AS WELL, IF YOU ARE INTERESTED.\*\*\*