

**ESTATE PLANNING QUESTIONNAIRE**

TO ASSIST IN THE PREPARATION OF YOUR WILL AND OTHER IMPORTANT LEGAL DOCUMENTS, PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE. ALL SPACES MUST BE FILLED IN. PLEASE PRINT NEATLY. (If you need more space please attach another sheet).

**GIVEN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

**PHONE NUMBERS:** Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_

HAVE YOU EVER EXECUTED A WILL BEFORE? (circle one) YES NO

ARE YOU: MARRIED – SEPARATED – DIVORCED? (circle one)

VALUE OF ESTATE: \_\_\_\_\_

SPOUSE’S NAME: (if married) \_\_\_\_\_ ADDRESS: \_\_\_\_\_

IF YOU ARE DIVORCED, WHEN AND WHERE DID THE DIVORCE TAKE PLACE?

DATE FINAL: \_\_\_\_\_ WHERE: (include County, State): \_\_\_\_\_

IF YOU HAVE ANY CHILDREN PLEASE LIST THEIR FULL NAMES, ADDRESSES, PHONE NUMBERS AND RELATIONSHIP TO YOU (full blood, step, etc.)

(1) NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

ARE ANY OF YOUR CHILDREN UNDER THE AGE OF 18 YEARS? (circle one) YES NO

IF YES, WHO DO YOU WANT TO APPOINT AS GUARDIAN OF YOUR CHILDREN?

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

WHOM DO YOU WANT TO APPOINT AS ALTERNATE GUARDIAN OF YOUR CHILDREN?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

DO YOU WANT TO INCLUDE CHILDREN BORN AFTER THE EXECUTION OF THIS DOCUMENT?

(Please circle one) YES NO

PLEASE LIST YOUR PARENTS. PLEASE INDICATE IF DECEASED:

MOTHER'S NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Deceased: (circle one) YES NO

\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Deceased: (circle one) YES NO

\_\_\_\_\_

PLEASE LIST THE NAME(S) AND ADDRESS(ES) OF ALL OF YOUR BROTHERS AND SISTERS:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WHO DO YOU WISH TO RECEIVE ALL OF YOUR PROPERTY (both real and personal)?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WHO DO YOU WISH TO RECEIVE ALL OF YOUR PROPERTY (both real and personal) IN THE EVENT THAT THE ABOVE NAMED PERSON DIES BEFORE YOU OR IS UNWILLING/UNABLE TO RECEIVE YOUR PROPERTY?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ PROPERTY: \_\_\_\_\_

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IF YOU DESIRE TO LEAVE SPECIFIC PROPERTY TO CERTAIN PERSON(S), PLEASE LIST THE PROPERTY (real or personal) AND THE PERSON(S) TO INHERIT IT. INCLUDE THEIR NAME, ADDRESS, PHONE NUMBERS AND RELATIONSHIP TO YOU.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ PROPERTY: \_\_\_\_\_

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WHO DO YOU WISH TO BE THE EXECUTOR/EXECUTRIX OF YOUR ESTATE? (Who will be in charge of distributing your property?)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WISH TO BE AN ALTERNATE EXECUTOR/EXECUTRIX OF YOUR ESTATE?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

IF EITHER THE PRIMARY OR ALTERNATE EXECUTOR/EXECUTRIX LIVE OUT OF STATE, NAME THE PERSON WHO LIVES IN TEXAS TO RECEIVE SERVICE PROCESS. (Court papers)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

DO YOU WANT YOUR EXECUTOR/EXECUTRIX TO FUNCTION INDEPENDENTLY OF THE COURT? (To carry out your wishes without asking the court's approval)

(Please circle one)      YES      NO

DO YOU WANT YOUR EXECUTOR/EXECUTRIX TO FUNCTION WITHOUT POSTING A BOND? (to carry out your wishes without leaving money with the Court)

(Please circle one)      YES      NO

WHO DO YOU WANT TO APPOINT AS GUARDIAN OF YOUR PERSON? (who will take care of your needs, feeding/clothing, etc., should you become incapacitated?)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO APPOINT AS ALTERNATE GUARDIAN OF YOUR PERSON?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO EXCLUDE AS GUARDIAN OF YOUR PERSON? (A court will not appoint a person you exclude to be the guardian of your person.)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO APPOINT AS GUARDIAN OF YOUR ESTATE? (Who will take care of your business affairs should you become incapacitated?)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO APPOINT AS ALTERNATE GUARDIAN OF YUR ESTATE?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO EXCLUDE AS GUARDIAN OF YOUR ESTATE? (A court will not appoint a person you exclude to be the guardian of your estate.)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WISH TO HAVE DURABLE POWER OF ATTORNEY OVER YOUR ESTATE? (Who will be taking care of your business affairs should you become incapacitated?)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WISH TO HAVE AS AN ALTERNATE DURABLE POWER OF ATTORNEY OVER YOUR ESTATE?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHEN DO YOU WANT THE DURABLE POWER OF ATTORNEY TO BECOME EFFECTIVE? (immediately upon your incapacity?)

WHO DO YOU WANT TO APPOINT AS YOUR AGENT FOR HEALTH CARE POWER OF ATTORNEY? (Who will make your health care decisions in the event you become incapacitated?)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO APPOINT AS ALTERNATE AGENT FOR HEALTH CARE POWER OF ATTORNEY?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

DO YOU WANT LIFE SUPPORT IF DEATH IS IMMINENT AND LIFE SUPPORT WOULD ONLY SERVE TO ARTIFICIALLY PROLONG THE MOMENT OF DEATH?

(Please circle one)      YES      NO

DO YOU WANT TO GIVE YOUR AGENT FOR HEALTH CARE ANY OF THE FOLLOWING POWERS?

PLEASE CIRCLE ONE

To have a feeding tube removed?      YES      NO

To have IV's removed?      YES      NO

To have a breathing machine removed?      YES      NO

WHO DO YOU WANT TO HANDLE YOUR FUNERAL ARRANGEMENTS?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHO DO YOU WANT TO APPOINT AS ALTERNATE AGENT TO HANDLE ARRANGEMENTS?

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

HAVE YOU MADE ARRANGEMENTS WITH A FUNERAL HOME?

(Please circle one) YES NO

IF SO, PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE ESTABLISHMENT:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DO YOU WANT TO BE CREMATED?

(Please circle one) YES NO

PLEASE SIGN HERE: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_