



The Law Office of Mark Smith, PLLC

Estate Planning Questionnaire (Married Couples)

Date _____

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

2. Address

Has either of you ever lived in any state other than Texas?

Other States _____

Date you moved to Texas _____

Husband _____

Wife _____

3. Phone Numbers

a. Home _____

b. Fax _____

Social Security Numbers (optional)

a. His _____

b. Hers _____

email addresses: _____

4. Birthdates: His _____ Hers _____

Country of Citizenship: His _____ Hers _____

5. Occupation Work Phone Yearly Income

Husband _____

Wife _____

Family-owned Business Information

Name _____

Address _____

Description _____

EIN _____

6. Marital History

a. Are you currently married? Yes ___ No ___

Date & state of marriage: _____

b. Widowed?

• **Him**

Yes ___ No ___

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes ___ No ___

Was it probated? Yes ___ No ___

(please include a copy of the will)

• **Her**

Yes ___ No ___

Name of deceased spouse _____

Date of death _____

Residence at death _____

Did spouse leave a will? Yes ___ No ___

Was it probated? Yes ___ No ___

(please include a copy of the will)

c. Divorced?

• **Him**

Yes ___ No ___

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

• **Her**

Yes ___ No ___

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

d. Are there any premarital or post-marital agreements in effect? Yes ___ No ___

(please include a copy)

7. Children & Grandchildren (please include any who are deceased)

a. Children of this marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

b. His children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

c. Her children of previous marriage Birthdate State of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

d. Grandchildren Birthdate State of Residence Parent's Name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____



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e. Which descendants listed above are deceased? _____

8. Assets

a. Real Estate State Approx. Value Mortgage Balance
Residence _____
Other _____
Other _____

b. Savings/Checking/Brokerage Accounts

Account Type Financial Institution Approx. Value or Balance

c. IRAs Institution/Custodian Balance Primary Beneficiary

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type Institution/Administrator Balance Primary Beneficiary

Yearly Contribution (for defined contribution plans): _____

e. Life Insurance (list cash value and payoff value) _____

Institution/Administrator Cash Value Payoff Amount Primary Beneficiary

f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, etc.) _____

h. Anticipated Inheritance

Name of Person Who May Leave You Something _____
Relationship _____
Rough Estimate of Amount _____

- i. Business Interests
Ownership Arrangement (partnership/S-corp.,etc.) _____
Approx. Value _____
Number of Employees _____

- j. Automobiles & Vehicles (including boats & trailers)

| Make & Year | Date Acquired | Owner on Title | Issuer State | Value | Loan |
|-------------|---------------|----------------|--------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

- k. Do you consider any of these assets to be separate property?

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

| | Description | Amount |
|-------------------|-------------|--------|
| 1. Consumer Debts | _____ | _____ |
| | _____ | _____ |
| 2. Business Debts | _____ | _____ |
| | _____ | _____ |
| 3. Guarantees | _____ | _____ |
| | _____ | _____ |

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

| Recipient | Amount | Date | Source of Funds |
|-----------|--------|-------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. Dispositive Plan

- a. Do you presently have a will? Yes ___ No ___
(please include a copy, if readily available)
- b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)



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c. In general, to whom do you want your estate to be distributed?

1. Husband:

2. Wife:

- Your wills 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 the children?

12. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses 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 or family member or close personal friend 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 should 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 alternates than the space below allows, please use the back of this sheet.

His

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Hers

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____ Relationship: _____

b. Guardian and Trustee for minor children
Primary

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

First Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

Second Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

b. Guardian and Trustee for minor children
Primary

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

First Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

Second Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____

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.

His

Primary

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

First Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Second Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Hers

Primary

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

First Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Second Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

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.

His

Primary

Name: _____
Address: _____
Relationship: _____

Hers

Primary

Name: _____
Address: _____
Relationship: _____



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| | |
|---------------------|---------------------|
| Telephone #: _____ | Telephone #: _____ |
| First Alternate | First Alternate |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Relationship: _____ | Relationship: _____ |
| Telephone #: _____ | Telephone #: _____ |
| Second Alternate | Second Alternate |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Relationship: _____ | Relationship: _____ |
| Telephone #: _____ | Telephone #: _____ |

c. Living Wills

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?

Him:

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

Her:

- 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?

Him:

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

Her:

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

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and

the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

His
Guardian for Financial Purposes:
Primary: _____
Alternates: _____

Guardian for Health Care Purposes:
Primary: _____
Alternates: _____

Persons you wish to exclude:

Hers
Guardian for Financial Purposes:
Primary: _____
Alternates: _____

Guardian for Health Care Purposes:
Primary: _____
Alternates: _____

Persons you wish to exclude:

