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Estate Planning Questionnaire

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 last document or account number before our meeting; any needed information or paperwork can also be obtained later.

Date: _____

1. **Full name:**

2. **Address:**

3. **County of Residence:**

4. **Have you ever lived in any state other than Texas?**

Other States

Date you moved to Texas

5. **Phone Numbers & E-mail Address:**

a. Home _____

b. Mobile _____

- c. Work _____
- d. Fax _____
- e. Email _____

6. **Social Security Number:**

7. **Date of Birth (mm/dd/yyyy):**

8. **Country of Citizenship:**

9. **Occupation** **Yearly Income**

10. **Marital History**

a. **Currently Married?**

_____ Yes _____ No

If yes, name of spouse _____

Date of marriage _____

State of marriage _____

b. **Widowed?**

_____ Yes _____ No

If yes, 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?**

_____ Yes _____ No

Name of ex-spouse _____

Date of divorce _____

State of divorce _____

Financial obligation _____

(Your attorney will let you know if you need to include copies of any relevant decrees, custody arrangements, separation agreements, support or alimony obligations, etc.)

11. **Children:** ____ Yes ____ No (If no, go directly to question number 12.)

i. _____ DOB: _____ Marital Status: ___M ___S ___W

ii. _____ DOB: _____ Marital Status: ___M ___S ___W

iii. _____ DOB: _____ Marital Status: ___M ___S ___W

Do you have any deceased children?

____ Yes ____ No If yes, please list: _____

Do you have adopted children?

____ Yes ____ No If yes, please list: _____

Do any of the children have mental or health related impairments or disabilities?

____ Yes ____ No If yes, please describe: _____

12. **Siblings:**

a. Name: _____

Address: _____

Phone: _____

b. Name: _____

Address: _____

Phone: _____

c. Name: _____

Address: _____

Phone: _____

d. Name: _____

Address: _____

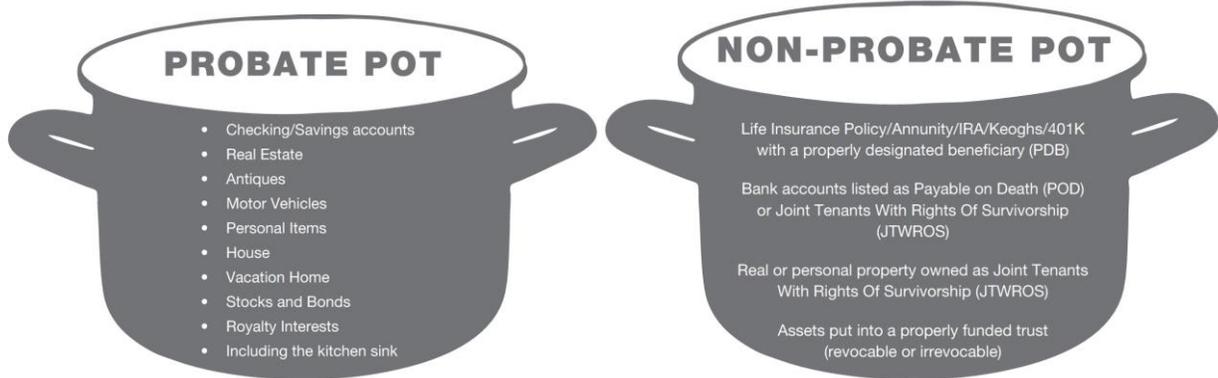
Phone: _____

13. **Assets:** Please fill out the spreadsheet on the next page with information regarding the assets below. Also, if you have a personal net worth statement prepared by your financial planner or accountant, please provide us with a copy.
- a. **Real Estate:** including your residence, please list your real estate holdings, including City, County and State where located, approximate value and mortgage balance.
 - b. **Savings/Checking/Brokerage Accounts:** please list account type, financial institution where located, and approximate value or balance.
 - c. **Stocks or Bonds:** please list name of stock, number of shares held, and total market value of stock.
 - d. **IRAs:** please list financial institution where held, the primary beneficiary and the approximate value or balance of the IRA.
 - e. **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, primary beneficiary, approximate value/balance, the institution/administrator, and your yearly contributions to the plan.
 - f. **Life Insurance:** please list the insurer institution, the primary beneficiary, and the cash value/death benefit of the policy.
 - g. **Annuities:** please list the institution where held, the name of the annuitant, and the approximate value of the annuity.
 - h. **Trust Interests (including powers of appointment):** describe your interests in any trusts, whether as the creator of the trust or the beneficiary of a trust.
 - i. **Other Major Assets (fine artwork, pending settlements/judgments, classic/luxury vehicles, jewelry, etc.):** please list your other major assets.
 - j. **Anticipated Inheritance:** please list the name of the individual who may leave you an inheritance, their relationship to you, and an estimate of the amount of the inheritance.
 - k. **Business Interests:** please list the name of the business, the type of business (partnership, S corp, LLC, etc.), and the approximate value of the business.
 - l. **Automobiles & Vehicles (including boats & trailers):** please list the make and year of the vehicle, the date acquired, the owner of title, the approximate value, and the balance of any debt on the vehicle.

Definitions:

Probate Assets: Includes all interest and assets, real or personal, tangible or intangible, which are owned outright by a person at the time of his or her death. Probate assets are those assets that have no beneficiary designation and will pass under the terms of the Will.

Non-Probate Assets: Assets that will pass upon death to the named survivor or beneficiary outside of probate. These assets are those that do not pass under the terms of a Will. They are assets that pass to a beneficiary named on the document that was signed when the asset was created.



Beneficiary Designation: A person you choose as the recipient of funds or property under a Will, Trust, Insurance Policy, 401(k), etc.

Community Property: Any asset that was purchased during marriage.

Separate Property: Any asset that was purchased before marriage.

14. **Liabilities** (excluding mortgages or car loans listed above). If you have a personal net worth statement prepared by your financial planner or accountant, please provide us with a copy. If not, on a separate sheet, please provide information regarding the following liabilities:

- a. **Consumer Debts:** please describe the debt and the amount owed.
- b. **Business Debts:** please describe the debt and the amount owed.
- c. **Guarantees:** please describe the guarantee and the amount owed.

15. **Have you ever made any taxable gifts?** (If so, please explain.)

_____ Yes _____ No

16. **Dispositive Plan**

- a. **Do you presently have a will?** _____ Yes _____ No (If yes, please include a copy.)
 - b. **In general, to whom do you want your estate to be distributed?**
-

- c. **Would you like to make any specific gifts?** (For example, a specific painting to someone, a piece of jewelry to someone, etc.)

17. **Fiduciaries**

Executor: Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs, a family member or close personal friend.

Guardian: If you have a minor child or minor children, you should appoint a guardian to take care of them if both of their parents die before the child(ren) reaches age 18.

Trustee: If trusts are created under the terms of your Wills you will also need to appoint a trustee to manage the trust assets.

If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. **Executor and Alternate Executors**

Primary Executor

Name: _____

City & State: _____ Relationship: _____

First Alternate Executor

Name: _____

City & State: _____ Relationship: _____

Second Alternate Executor

Name: _____

City & State: _____ Relationship: _____

b. **Guardian for Minor Children**

Primary Guardian

Name: _____

City & State: _____ Relationship: _____

First Alternate Guardian

Name: _____

City & State: _____ Relationship: _____

Second Alternate Guardian

Name: _____

City & State: _____ Relationship: _____

c. Trustee and Alternate Trustees

Primary Trustee

Name: _____

City & State: _____ Relationship: _____

First Alternate Trustee

Name: _____

City & State: _____ Relationship: _____

Second Alternate Trustee

Name: _____

City & State: _____ Relationship: _____

18. Planning Goals and Objectives:

CLIENTS REPORT THAT REVIEWING THESE QUESTIONS CAN SIGNIFICANTLY IMPROVE THEIR ESTATE PLANNING PROCESS. IT MAY BE HELPFUL TO CONSIDER THE FOLLOWING QUESTIONS BEFORE MEETING FOR DISCUSSION OF YOUR ESTATE PLAN.

a. **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.)**

b. **At what ages should children or grandchildren receive substantial assets outright? (Different fractions can be distributed at different ages; e.g., one-half at each of ages 30 and 35). Please consider that once the trust is terminated and assets are distributed, they may have a heightened risk from the beneficiary's creditors, from litigation, and from a divorce.**

c. **Do you want to discuss how to protect your children and/or beneficiaries from divorce and other creditors?**

d. **Do you want to leave any property or cash to charity?**

e. **Are you considering the purchase of additional Life Insurance?**

f. **Have you considered Long Term Care Insurance?**

g. **Do you have any particular questions for our meeting?**

19. **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.

Primary Agent

Name: _____

Address: _____

Phone: _____

Relationship: _____

First Alternate Agent

Name: _____

Address: _____

Phone: _____

Relationship: _____

Second Alternate Agent

Name: _____
Address: _____
Phone: _____
Relationship: _____

- 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. Your agent will have authority to consent to surgery, check you into a nursing home, etc.

Primary Agent

Name: _____
Address: _____
Phone: _____
Relationship: _____

First Alternate Agent

Name: _____
Address: _____
Phone: _____
Relationship: _____

Second Alternate Agent

Name: _____
Address: _____
Phone: _____
Relationship: _____

- c. **HIPAA Authorization:** This document allows you to name an individual or individuals to have access to your medical records and other medical information. We typically include all of your agents listed under your Durable Power of Attorney and all of your agents listed under your Medical Power of Attorney as individuals authorized to have access to your medical information. This ensures that those individuals who need to pay your bills (or take care of other matters related to the expenses of your health care) and those individuals who need to make your medical decisions will have access to your medical records and other medical information.

1. _____
2. _____
3. _____
4. _____

d. **Living Will:** 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 with respect to life-prolonging treatments and procedures. We can discuss this document more fully when we meet, but for now please consider the following questions:

i. 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?

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

ii. 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?

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

e. **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 Medical Power of Attorney; if this is what you wish to do, just leave this section blank.

Guardian for Financial Purposes:

Guardian for Health Care Purposes:

Primary: _____

Primary: _____

Alternate: _____

Alternate: _____

Alternate: _____

Alternate: _____

Persons you wish to exclude:

If you have children, please complete the following:

- f. **Declaration of Guardian for Children in the Event of Incapacity:** This document allows you to designate who you want to serve as guardian for your children in the event of your incapacity. An important feature of this document is that you can designate who you want to exclude as guardian for your children.

Guardian of your Children's Estate:

Guardian of your Children's Person:

Primary: _____

Primary: _____

Alternate: _____

Alternate: _____

Alternate: _____

Alternate: _____

Persons you wish to exclude:

- g. **Disposition of Remains:** This document allows you to appoint an agent to make all decisions about the disposition of your remains after death.

Primary Agent: _____

First Successor: _____

Second Successor: _____

The following is a list of possible documents that your attorney may request to examine during the estate planning process:

1. Existing estate planning documents such as wills, trusts, and powers of attorney.
2. Information provided by employers, including summary plan descriptions regarding retirement plans and group life insurance policies.
3. Deeds to real estate.
4. Documents indicating legal title to your investments.
5. Copies of trust agreements under which you are a beneficiary.
6. Any gift tax returns.
7. Personal financial statements and income tax returns for the last two years.
8. Financial statements and federal income tax returns for last five years for businesses, farms, partnerships, etc., as well as partnership agreements, buy-sell agreements, and other relevant documents.
9. Property settlement agreements, divorce decrees, separation agreements from prior marriages.
10. Any adoption paperwork.

With respect to many of these documents, a brief examination will be sufficient to obtain the required information. Therefore, it will not be necessary for you to go to the expense of making copies of all the documents if you would rather provide the originals for review.