



Adair M. Buckner, Attorney
Estate Planning 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 last 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 _____
Have you ever lived in any state other than Texas? _____
State _____ Date you moved to Texas _____
3. Phone Numbers
a. Home _____ c. Fax _____
b. Work _____ d. Other _____
email address: _____
4. Birthdate: _____ Country of Citizenship: _____
Social Security Number (Optional): _____
5. Occupation: _____ Yearly Income: _____
Family-owned Business Information:
Name _____
Address _____
Description _____
EIN (optional) _____
6. Marital History
 - a. Are you currently married? Yes ___ No ___
Date & state of marriage: _____
Spouse Name: _____
 - b. Widowed? Yes ___ No ___
Name of deceased spouse _____
Date of death _____ County/State of Residence at death _____
Did spouse leave a will?
Yes ___ No ___ (if yes, please include a copy of the will)
Was it probated? Yes ___ No ___
 - c. Divorced? Yes ___ No ___
Name of ex-spouse _____
Date and state of divorce: _____
Financial obligation _____

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	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

b. Grandchildren	Birthdate	State of Residence	Parent's Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

c. Which, if any, 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
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_____	_____	_____	_____
_____	_____	_____	_____

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
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

	Description	Amount
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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
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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.)

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

- d. 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 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 alternates than the space below allows, please use the back of this sheet.

a. Executor Primary Name: _____ City & State: _____ Relationship: _____	b. Guardian and Trustee for minor children Primary Name: _____ City & State: _____ Relationship: _____
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First Alternate Name: _____ City & State: _____ Relationship: _____	First Alternate Name: _____ City & State: _____ Relationship: _____
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Second Alternate Name: _____ City & State: _____ Relationship: _____	Second Alternate Name: _____ City & State: _____ Relationship: _____
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13. Other Estate Planning Documents

- a. Statutory Durable Power of Attorney
 This document allows your designated agent to handle all of your personal 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

Name: _____
Relationship: _____
First Alternate
Name: _____
Relationship: _____
Second Alternate
Name: _____
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. 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.

Primary

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

First Alternate

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

Second Alternate

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

c. 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. 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?

_____ **Comfort treatment only.** _____ **All life-sustaining treatments.** _____ **Undecided.**

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?

_____ **Comfort treatment only.** _____ **All life-sustaining treatments.** _____ **Undecided.**

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.

Guardian for Financial Purposes:

Guardian for Health Care Purposes:

Primary: _____

Primary: _____

Alternates: _____

Alternates: _____

PERSONS YOU WISH TO EXCLUDE:
