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Estate Planning Questionnaire (for Married Clients)

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

2. Address

E-mail 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 _____

c. H's cell _____

d. W's cell _____

e. Other _____

Social Security Numbers (optional)

a. His _____

b. Hers _____

4. Birthdates: His _____ Hers _____

Country of Citizenship: His _____ Hers _____

5. Occupation Work Phone Yearly Income

Husband _____

Wife _____

Family-owned Business Information

Name _____

Address _____
E-mail Address _____
Phone Number _____
Fax _____
Description _____
EIN _____

6. Marital History

- a. Are you currently married? Yes ___ No ___
Date & state of marriage: _____
- b. Previously 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 _____
Ongoing 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 _____
Ongoing 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 and include date of death)

- | 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 (if you plan to leave anything to them)
- | Name | Birthdate | State of Residence | Parent's Name |
|----------|-----------|--------------------|---------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |
| 5. _____ | | | |
| 6. _____ | | | |
| 7. _____ | | | |
| 8. _____ | | | |
8. Your 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 | Benef or POD |
|--------------|-----------------------|--------------------------|--------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
- 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 Bal.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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
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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 trusts, etc.)

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: _____

Hers

a. Executor

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Guardian and Trustee for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

b. Guardian and Trustee for minor children

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

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: _____

Hers

Primary

Name: _____

Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

First Alternate

Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Second Alternate

Name: _____ Name: _____
Address: _____ Address: _____

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

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Hers

Primary

Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

First Alternate

Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

First Alternate

Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Second Alternate

Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

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:

