

**ESTATE PLANNING QUESTIONNAIRE
FOR MARRIED COUPLE**

Please answer all questions as fully as possible. Please print clearly, especially when writing names and addresses. If sufficient space is not provided for any answer, please attach a separate sheet.

PERSONAL DATA

Husband's full legal name: _____

Variations of name, if any which may appear on legal or financial documents:

Wife's full legal name: _____

Variations of name, if any which may appear on legal or financial documents, including maiden name: _____

Address: _____

County of residence: _____

Home telephone number: _____

Husband's work number: _____

Wife's work number: _____

Husband's Social Security number: _____

Wife's Social Security number: _____

Husband's date of birth: _____

Wife's date of birth: _____

Husband's place of birth: _____

Wife's place of birth: _____

Date of marriage: _____

Place of marriage: _____

Are both spouses U.S. citizens? _____ Yes _____ No

If not, which spouse and country of citizenship? _____

Have you always lived in Texas? _____ Yes _____ No If not, please state where you have lived previously, and when you moved to Texas:

Do you plan to move to another state? _____ Yes _____ No
If so, when? _____ Which state? _____

Are there any prenuptial agreements, marital property agreements or similar documents relating to your present marriage? _____ Yes _____ No
If so, please supply copies.

Husband's employment status:

_____ Employed _____ Retired _____ Not employed

If employed, name of employer: _____

Position held: _____

Wife's employment status:

_____ Employed _____ Retired _____ Not employed

If employed, name of employer: _____

Position held: _____

FAMILY DATA

Any children of this marriage? _____ Yes _____ No If so:

First Child:

(1) Full legal name _____ Date of birth _____

Address: _____

Telephone Number: _____

Is child married? _____ Yes _____ No

Does the child have children? _____ Yes _____ No

Second Child:

(2) Full legal name _____ Date of birth _____

Address: _____

Telephone Number: _____

Is child married? _____ Yes _____ No
Does the child have children? _____ Yes _____ No

Third Child:

(3) Full legal name _____ Date of birth _____

Address: _____

Telephone Number: _____

Is child married? _____ Yes _____ No
Does the child have children? _____ Yes _____ No

Fourth Child:

(4) Full legal name _____ Date of birth _____

Address: _____

Telephone Number: _____

Is child married? _____ Yes _____ No
Does the child have children? _____ Yes _____ No

Do you have any deceased children? _____ Yes _____ No If so:

Name: _____ Date of death _____

Name: _____ Date of death _____

Does your deceased child have children? _____ Yes _____ No If so:

Name: _____ Date of birth _____

Name: _____ Date of birth _____

Previous Marriages

Has husband been married before? _____ Yes _____ No If so, please furnish the following information:

Name of former spouse: _____

Date and place of marriage _____

Cause (e.g. divorce, death), date and place of termination of marriage:

Any children of the previous marriage? _____ Yes _____ No If so:

Name: _____ Date of birth _____

Name: _____ Date of birth _____

Name: _____ Date of birth _____

Has wife been married before? _____ Yes _____ No If so, please furnish the following information:

Name of former spouse: _____

Cause (e.g. divorce, death), date and place of termination of marriage:

Any children of the previous marriage? _____ Yes _____ No If so:

Name: _____ Date of birth _____

Name: _____ Date of birth _____

Name: _____ Date of birth _____

If either spouse has been divorced, please briefly explain the child support and custody arrangements, if any. Please supply copies of divorce decrees and any other judicial orders or agreements related to the divorce.

PARENTS:

Is husband's father living? _____ Yes _____ No If yes:

Name: _____ Age: _____

State of residence: _____

Does he have a will? _____ Yes _____ No

General health: _____

Is he, or might he become financially dependent on you for medical or living expenses? _____ Yes _____ No

Is husband's mother living? _____ Yes _____ No If yes:

Name: _____ Age: _____

State of residence: _____

Does she have a will? _____ Yes _____ No

General health: _____

Is she, or might she become financially dependent on you for medical or living expenses? Yes No

Is wife's father living? Yes No If yes:

Name: _____ Age: _____

State of residence: _____

Does he have a will? Yes No

General health: _____

Is he, or might he become financially dependent on you for medical or living expenses? Yes No

Is wife's mother living? Yes No If yes:

Name: _____ Age: _____

State of residence: _____

Does she have a will? Yes No

General health: _____

Is she, or might she become financially dependent on you for medical or living expenses? Yes No

MISCELLANEOUS:

Please explain below any special circumstances with respect to any child or grandchild, such as physical or mental health status, special education requirements, etc.

Are any of the children listed in this questionnaire adopted? Yes No
If yes, please list their names:

Is anyone other than minor child financially dependent on you? Yes No
If so, please provide the following information:

Name: _____

Age: _____ Relationship: _____

Below, please provide any other information about your family which you think might be relevant to your estate plans:

Do you currently have wills? Husband: Yes No Wife: Yes No
If yes, please furnish a copy.

Have you established a trust currently in effect?

Husband and wife jointly: Yes No

Husband only: Yes No Wife only: Yes No

If yes, please furnish a copy.

Where do you plan to keep the originals of your wills?

Safety deposit box; Fireproof safe at home;

Wright Abshire's safety deposit box (no charge)

Other: _____

APPOINTMENTS:

You need to select individuals to serve as the executor of your wills, the trustee of any trusts created under your wills, and the guardian of your minor children (if you have or may have such children) in the event both of you predecease them. You should also select at least one and preferably two alternates for each of these positions. Typically the spouse is the first named executor and trustee, but you may want to name one of your adult children or someone else. Often the husband's and wife's alternates are the same, but they need not be. Siblings of the spouses are often chosen as guardian and alternates.

The executor is in charge of probating your estate. He or she will collect the estate property and file an inventory of it, and then pay any debts and distribute the estate according to the terms of your will. The trustee is in charge of any trusts that may be created under your will (e.g. a bypass trust, a marital trust or a contingent trust for a minor beneficiary). The trustee manages and invests the trust property, makes distributions of income and principal according to the terms of the trust, and terminates the trust at the appropriate time.

We recommend that clients, in addition to wills, execute durable powers of attorney for property and health care, directives to physicians (living wills), and designations of guardians for themselves in the event a guardianship is required. The powers of attorney grant an agent broad powers to act and make decisions on your behalf, when you are unable to do so, with respect to your property and health care, respectively.

The directive to physicians states your wishes regarding health care in certain situations. Usually it directs that life-sustaining procedures be withheld or withdrawn if you have a terminal condition and your death is imminent; however, the document can be modified to reflect your beliefs and desires.

Again, the spouse is typically the first named appointee on each ancillary document. All of your appointees should be people whose judgment you trust implicitly, because all of these positions carry important responsibilities.

For each appointee, provide name, as well as address and telephone number if you have not provided them elsewhere in this questionnaire.

Husband's Appointments:

Independent Executor: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Executor: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Executor: _____

Relationship: _____

Address: _____

Telephone: _____

Testamentary Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

Guardian for Children: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Guardian: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Guardian: _____

Relationship: _____

Address: _____

Telephone: _____

Durable Power of Attorney for Property:

Agent: _____

Address: _____

Telephone: _____

1st Alternate Agent: _____

Address: _____

Telephone: _____

2nd Alternate Agent: _____

Address: _____

Telephone: _____

Durable Power of Attorney for Health Care:

Agent: _____

Address: _____

Telephone: _____

1st Alternate Agent: _____

Address: _____

Telephone: _____

2nd Alternate Agent: _____

Address: _____

Telephone: _____

Declaration of Guardian of Your Person and Estate:

Guardian: _____

Address: _____

Telephone: _____

1st Alternate Guardian: _____

Address: _____

Telephone: _____

2nd Alternate Guardian: _____

Address: _____

Telephone: _____

Directive to Physicians: _____ YES _____ NO

Do you want nutrition and hydration included as life support? _____ YES _____ NO

Wife's Appointments:

Are wife's appointments exactly the same for every position (e.g. spouse followed by the same persons in the same order)? _____ Yes _____ No

If no, please complete the information blocks for those appointments which are different. Those left blank will be assumed to be the same as husband's.

Independent Executor: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Executor: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Executor: _____

Relationship: _____

Address: _____

Telephone: _____

Testamentary Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Trustee: _____

Relationship: _____

Address: _____

Telephone: _____

Guardian for Children: _____

Relationship: _____

Address: _____

Telephone: _____

1st Alternate Guardian: _____

Relationship: _____

Address: _____

Telephone: _____

2nd Alternate Guardian: _____

Relationship: _____

Address: _____

Telephone: _____

Durable Power of Attorney for Property:

Agent: _____

Address: _____

Telephone: _____

1st Alternate Agent: _____

Address: _____

Telephone: _____

2nd Alternate Agent: _____

Address: _____

Telephone: _____

Durable Power of Attorney for Health Care:

Agent: _____

Address: _____

Telephone: _____

1st Alternate Agent: _____

Address: _____

Telephone: _____

2nd Alternate Agent: _____

Address: _____

Telephone: _____

Declaration of Guardian of Your Person and Estate:

Guardian: _____

Address: _____

Telephone: _____

1st Alternate Guardian: _____

Address: _____

Telephone: _____

2nd Alternate Guardian: _____

Address: _____

Telephone: _____

Directive to Physicians: ____ YES ____ NO
Do you want nutrition and hydration included as life support? ____ YES ____ NO

FINANCIAL DATA

Assets

For each asset, please indicate whether it is community property ("CP"), separate property ("SP"), property acquired while living in a state other than Texas ("NT"), or unknown ("U") by circling the appropriate abbreviation in the left column. Property acquired before the marriage is separate property whether it was acquired while living in Texas or another state. Other separate property is property acquired during the marriage by gift, inheritance or under a will. All other assets acquired while living in Texas are community property. This is true regardless of whether an asset is held in the name of one spouse or acquired through one spouses' employment. Property acquired during the marriage while living in another state may or may not be treated as community property.

Property Type Checking Accounts:

CP SP NT U

1) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account) _____

CP SP NT U

2) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account) _____

Property Type Savings Accounts:

CP SP NT U

1) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account) _____

CP SP NT U

2) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Type of account (e.g., joint, joint tenancy with right of survivorship (JTWROS), P.O.D. or trust account) _____

Property Type Certificates of Deposit:

CP SP NT U

1) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Is this an IRA account? _____ Yes _____ No

If so, name of beneficiary _____

2) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Is this an IRA account? _____ Yes _____ No

If so, name of beneficiary _____

3) Name of bank _____

Account Number _____

Approximate Value: _____

Person(s) authorized to sign on account _____

Is this an IRA account? _____ Yes _____ No

If so, name of beneficiary _____

Securities: Stocks, bonds, mutual funds, brokerage accounts, etc.

CP SP NT U

1) Name: _____

Number of Shares: _____

Approximate Value: _____

Is this an IRA or other retirement account? _____ Yes _____ No

Held in: _____ Husband's name _____ Wife's name _____ Both

Name of Beneficiary or person with right of survivorship, if any:

CP SP NT U

2) Name: _____

Number of Shares: _____

Approximate Value: _____

Is this an IRA or other retirement account? _____ Yes _____ No

Held in: ____ Husband's name ____ Wife's name ____ Both

Name of Beneficiary or person with right of survivorship, if any:

CP SP NT U

3) Name: _____

Number of Shares: _____

Approximate Value: _____

Is this an IRA or other retirement account? ____ Yes ____ No

Held in: ____ Husband's name ____ Wife's name ____ Both

Name of Beneficiary or person with right of survivorship, if any:

Real Property - Residence

CP SP NT U

Legal description: _____

Market value: _____

Less outstanding mortgage debt: _____

Approximate equity or net value: _____

Real Property - Other

Legal description: _____

Market value: _____

Less outstanding mortgage debt: _____

Approximate equity or net value: _____

Business Interests - Sole proprietorship, closely held corp., partnership, etc.

1) Type of entity _____

Name of entity _____

Percentage owned _____

Approximate value of interest _____

1) Type of entity _____

Name of entity _____

Percentage owned _____

Approximate value of interest _____

Personal Property

Please list all vehicles, boats, airplanes, etc.

CP SP NT U

1) Title held in _____ husband's name _____ wife's name _____ both
Approximate value _____

CP SP NT U

2) Title held in _____ husband's name _____ wife's name _____ both
Approximate value _____

CP SP NT U

3) Title held in _____ husband's name _____ wife's name _____ both
Approximate value _____

CP SP NT U

4) Title held in _____ husband's name _____ wife's name _____ both
Approximate value _____

Household: furniture, jewelry, clothes, stereo, books, appliances etc.

Community Property Approximate value: _____

Husband's Separate Property Approximate value: _____

Wife's Separate Property Approximate value: _____

Employment Benefits:

CP SP NT U

1) Participant: _____ husband _____ wife

Beneficiary: _____ husband _____ wife _____ other (name) _____

Type of plan: _____

How are payments made? _____

Yearly income: _____

Approximate value: _____

CP SP NT U

2) Participant: _____ husband _____ wife

Beneficiary: _____ husband _____ wife _____ other (name) _____

Type of plan: _____

How are payments made? _____

Yearly income: _____

Approximate value: _____

CP SP NT U

3) Participant: _____ husband _____ wife

Beneficiary: _____ husband _____ wife _____ other (name) _____

Type of plan: _____

How are payments made? _____

Yearly income: _____

Approximate value: _____

Life Insurance:

CP SP NT U

1) Insurance company: _____

Insured: _____ husband _____ wife _____ other

Owner of policy: _____ husband _____ wife _____ both _____ other

Beneficiary: _____ husband _____ wife _____ other

Type of policy (term, decreasing term, whole life, etc.)

Current cash value: _____

Death benefit: _____

If these figures might change substantially, please explain:

CP SP NT U

2) Insurance company: _____

Insured: _____ husband _____ wife _____ other

Owner of policy: _____ husband _____ wife _____ both _____ other

Beneficiary: _____ husband _____ wife _____ other

Type of policy (term, decreasing term, whole life, etc.)

Current cash value: _____

Death benefit: _____

If these figures might change substantially, please explain:

Income: Please include income from assets already listed as well as other sources of income.

Source Yearly amount _____

Husband's salary, wages, bonuses _____

Wife's salary, wages, bonuses _____

Other business income _____

Husband's Social Security income _____

Wife's Social Security income _____

Husband's retirement pay _____

Wife's retirement pay _____

Government disability or other entitlements _____

Interest income _____

Private annuities _____

Rents _____

Other _____

Notes and Obligations:

Please describe the type of debt owed to you and the current principal outstanding.

- 1) _____ Amount _____
- 2) _____ Amount _____

Expectancies:

Do you expect an inheritance or bequest from a parent or anyone else, or do you have any other potential assets? Husband: _____ Yes _____ No
Wife: _____ Yes _____ No

If yes, please describe briefly and give the approximate amount.

- 1) Amount _____
- 2) Amount _____

Beneficial Interest: _____

Is either of you a trust beneficiary, or does either of you have a life estate, or any similar arrangement? _____ Yes _____ No

If yes, please describe briefly and give the approximate value of the interest if possible: _____

Liabilities

For each liability, please indicate whether it is a community liability ("CL"), a separate liability ("SL"), a liability incurred while living in a state other than Texas ("NT"), or unknown ("U") by circling the appropriate abbreviation in the left column. A liability incurred before the marriage is a separate liability, as is any liability for which a creditor agrees in writing to look only to the separate property of one spouse. Any debts incurred during the marriage while living in Texas are community liabilities, whether or not both spouses signed the instrument in question. Please give the approximate balance currently owing on the obligation.

Real Estate Notes:

CL SL NT U

1) Property: _____
Owed to: _____
Approximate outstanding balance: _____

CL SL NT U

2) Property: _____
Owed to: _____
Approximate outstanding balance: _____

Bank Loans and Other Term Loans:

CL SL NT U

1) Creditor: _____
Approximate balance: _____

CL SL NT U

2) Creditor: _____
Approximate balance: _____

CL SL NT U

3) Creditor: _____
Approximate balance: _____

Charge Accounts, Lines of Credit and Other Revolving Debt:

CL SL NT U

1) Approximate total: _____

Contingent Liabilities:

Are you a co-signatory or surety for any obligation primarily owed by another?

_____ Yes _____ No If yes, please describe and give amount: _____

CL SL NT U

1) _____ Amount _____

CL SL NT U

2) _____ Amount _____

Other Liabilities:

CL SL NT U

1) _____ Amount _____

CL SL NT U

2) _____ Amount _____