

**ESTATE PLANNING QUESTIONNAIRE
FOR SINGLE PERSON**

Please answer all questions that apply to you 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

Please print

Full legal name: _____

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

Address: _____

County of residence: _____

Home telephone number: _____

Work telephone number: _____

Social Security number: _____

Date of birth: _____

Place of birth: _____

Are you a U.S. citizen? Yes No

If not, what is your 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? _____

Employment status:

_____ Employed _____ Retired _____ Not employed

If employed, name of employer: _____

Position held: _____

FAMILY DATA

Children

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

(1) Full legal name _____ Date of birth _____

Name of child's other parent: _____

Is child married? _____ Yes _____ No

Does the child have children? _____ Yes _____ No

(2) Full legal name _____ Date of birth _____

Name of child's other parent: _____

Is child married? _____ Yes _____ No

Does the child have children? _____ Yes _____ No If so:

(3) Full legal name _____ Date of birth _____

Name of child's other parent: _____

Is child married? _____ Yes _____ No

Does the child have children? _____ Yes _____ No

(4) Full legal name _____ Date of birth _____

Name of child's other parent: _____

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

Have you been married previously? _____ 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:

If you have 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 your 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 your 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 so, please list their names:

Is anyone other than minor children financially dependent on you?

Yes No

If so, please provide the following information:

Name: _____

Address: _____

Age: _____ Relationship: _____

Occupation: _____

Is there any other information about your family which you think might be relevant to your estate plans? Yes No

If yes, please specify:

Do you currently have a will? Yes No

If yes, please furnish a copy.

Have you established a trust currently in effect? Yes No

If yes, please furnish a copy.

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

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 will, the trustee of any trusts created under your will, and the guardian of your minor children (if you have or may have such children) in the event you predecease them. You should also select at least one and preferably two alternates for each of these positions.

We recommend that clients, in addition to a will, execute durable powers of attorney for property and health care, a directive to physicians (living will), and a designation of guardian 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.

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

Please print

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: _____

FINANCIAL DATA

Assets

Checking Accounts:

1) Name of bank _____

Account number _____

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)

Approximate value: _____

2) Name of bank _____

Account number _____

Person(s) authorized to sign on account

Type of account _____

Approximate value: _____

Savings Accounts:

1) Name of bank _____

Account number _____

Person(s) authorized to sign on account

Type of account _____

Approximate value: _____

2) Name of bank _____

Account number _____

Person(s) authorized to sign on account

Type of account _____

Approximate value: _____

Certificates of Deposit:

1) Name of bank _____

Account number _____

Person(s) authorized to sign on account _____

Is this an IRA account? Yes No

If so, name of beneficiary _____

Approximate value: _____

2) Name of bank _____

Account number _____

Person(s) authorized to sign on account _____

Is this an IRA account? Yes No

If so, name of beneficiary _____

Approximate value: _____

3) Name of bank _____

Account number _____

Person(s) authorized to sign on account

Is this an IRA account? Yes No

If so, name of beneficiary _____

Approximate value: _____

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

1) Name _____ No. of shares _____

Is this an IRA or other retirement account? Yes No

Beneficiary or person with right of survivorship, if any:

Approximate value: _____

2) Name _____ No. of shares _____

Is this an IRA or other retirement account? Yes No

Beneficiary or person with right of survivorship, if any:

Approximate value: _____

3) Name _____ No. of shares _____

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

Beneficiary or person with right of survivorship, if any:

Approximate value: _____

4) Name _____ No. of shares _____

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

Beneficiary or person with right of survivorship, if any:

Approximate value: _____

Real Property - Residence

Legal description: _____

Market value: _____

Less outstanding mortgage debt: _____

Approximate equity or net value: _____

Real Property - Other

Value of interest owned: _____

Less outstanding mortgage debt: _____

Approximate equity or net value: _____

Personal Property

Please list all vehicles, boats, airplanes, etc.

1) _____
Approximate value _____

2) _____
Approximate value _____

3) _____
Approximate value _____

4) _____
Approximate value _____

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

Approximate value: _____

Employment Benefits:

1) Beneficiary: _____
Type of plan: _____
How are payments made? _____
Yearly income: _____
Approximate value: _____

2) Beneficiary: _____
Type of plan: _____
How are payments made? _____
Yearly income: _____
Approximate value: _____

3) Beneficiary: _____
Type of plan: _____
How are payments made? _____
Yearly income: _____
Approximate value: _____

Life Insurance:

1) Insurance company: _____
Insured: _____
Owner of policy: _____
Beneficiary: _____
Type of policy (term, decreasing term, whole life, etc.) _____
Current cash value: _____
Death benefit: _____
If these figures might change substantially, please explain:

2) Insurance company: _____
Insured: _____
Owner of policy: _____
Beneficiary: _____
Type of policy _____
Current cash value: _____
Death benefit: _____
If these figures might change substantially, please explain:

3) Insurance company: _____
Insured: _____
Owner of policy: _____
Beneficiary: _____
Type of policy _____
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

Salary, wages, bonuses

Other business income

Social Security income

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? Yes No

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

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

Beneficial Interest:

Are you a trust beneficiary, or do 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

Please give the approximate balance currently owing on the obligation.

Real Estate Notes:

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

Bank Loans and Other Term Loans:

- 1) Creditor: _____
Approximate balance: _____
- 2) Creditor: _____
Approximate balance: _____
- 3) Creditor: _____
Approximate balance: _____

Charge Accounts, Lines of Credit and Other Revolving Debt:

- 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:

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

Other

1) _____ Amount _____

2) _____ Amount _____