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NEW CLIENT ESTATE PLANNING QUESTIONNAIRE - MARRIED

Date: \_\_\_\_\_

Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND WILL NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN IN FURTHERANCE OF PROFESSIONAL LEGAL SERVICES.

PLEASE COMPLETE THE FOLLOWING.

List all names as you wish them to appear in legal documents.

**SPOUSE #1**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Employer: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Position/Title: \_\_\_\_\_ U.S. Citizen? Yes No

**SPOUSE #1'S MARITAL HISTORY**

List Marriages (name of spouse, date of marriage/divorce/death).

\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_

Is Spouse #2 your primary beneficiary? Yes No If No, explain \_\_\_\_\_
Do you have a premarital agreement? Yes No

**SPOUSE #2**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Employer: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Position/Title: \_\_\_\_\_ U.S. Citizen? Yes No

**SPOUSE #2'S MARITAL HISTORY**

List Marriages (name of spouse, date of marriage/divorce/death).

\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_
\_\_\_\_\_ Divorce Death Date of Divorce or Death: \_\_\_\_\_

Is Spouse #1 your primary beneficiary? Yes No If No, explain \_\_\_\_\_
Do you have a premarital agreement? Yes No
Do you or your Spouse have a Last Will and Testament? Yes No
Do you or your spouse have a Trust or are you the beneficiary of a Trust? Yes No
Have you or your spouse made any gifts in excess of \$15,000.00 to any individual during any one calendar year? Yes No
Have you or your spouse ever filed a Gift Tax return (Form 709)? Yes No

For Attorney Use:
[ ] Will [ ] POA \_\_\_\_\_ Drafts e-mailed/mailed: \_\_\_\_\_
[ ] Trust [ ] MPOA \_\_\_\_\_
[ ] LLC [ ] ADHC \_\_\_\_\_ Closing Appointment: \_\_\_\_\_
[ ] Other [ ] DG \_\_\_\_\_

**CHILDREN**

List all children, living or deceased; list their names as you wish them to appear in legal documents. If you wish to exclude a child, please make an appropriate indication.

Full Name	Date of Birth	Age	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you adopted any children? Yes No  
Have you treated any non-biological children as your own? Yes No  
Do any of the children have special needs or receive government benefits? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**YOUR ESTATE**

Describe to whom you wish your Estate to pass upon your death, including any specific gifts.

\_\_\_\_\_

Do any of the Beneficiaries have special needs or receive government benefits? Yes No

Explain: \_\_\_\_\_

**CHARITABLE BEQUESTS**

Describe any charitable bequests you wish to make, including any specific bequests to charity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BURIAL AND CREMATION INSTRUCTIONS BEQUESTS**

*If you wish to include burial or cremation instructions in your estate planning documents, please describe such burial or cremation instructions below.*

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**DESIGNATION OF GUARDIAN FOR MINORS**

*If you have a child under the age of 18 and wish to designate a person or persons to serve as guardian for such child, please identify the person or persons below, including their name, address, and telephone number.*

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**SPOUSE #1'S EXECUTORS AND TRUSTEES**

Executors: <sup>1</sup>	Address:	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Trustees: <sup>2</sup>		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**SPOUSE #2'S EXECUTORS AND TRUSTEES** *CHECK HERE  IF SAME AS HUSBAND'S*

Executors:	Address:	Telephone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Trustees:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have any of the named Executors or Trustees been convicted of a felony? Yes No

Should Executor be paid? Yes No

Should Trustees be paid? Yes No

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<sup>1</sup> The Executor is the person that is responsible for gathering your assets upon your death, satisfying debts of the Estate, and distributing the Estate to the beneficiaries named in the Will.

<sup>2</sup> The Trustee will manage any Trusts and assets held by such Trusts.

**SPOUSE #1'S POWERS OF ATTORNEY**

*Please identify the individuals that you wish to serve as your agents below.*

*MEDICAL POWER OF ATTORNEY*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

1<sup>st</sup> Agent: \_\_\_\_\_

2<sup>nd</sup> Agent: \_\_\_\_\_

3<sup>rd</sup> Agent: \_\_\_\_\_

*DURABLE POWER OF ATTORNEY*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

1<sup>st</sup> Agent: \_\_\_\_\_

2<sup>nd</sup> Agent: \_\_\_\_\_

3<sup>rd</sup> Agent: \_\_\_\_\_

**SPOUSE #2'S POWERS OF ATTORNEY**

*Please identify the individuals that you wish to serve as your agents below*

*MEDICAL POWER OF ATTORNEY*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

1<sup>st</sup> Agent: \_\_\_\_\_

2<sup>nd</sup> Agent: \_\_\_\_\_

3<sup>rd</sup> Agent: \_\_\_\_\_

*DURABLE POWER OF ATTORNEY*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

1<sup>st</sup> Agent: \_\_\_\_\_

2<sup>nd</sup> Agent: \_\_\_\_\_

3<sup>rd</sup> Agent: \_\_\_\_\_

**PROFESSIONAL ADVISORS**

*Please identify your professional advisors*

Accountant: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Financial

Advisor: \_\_\_\_\_

**ASSETS**

Estimated Net Worth:	\$	_____
Estimated Total Value of Community Property:	\$	_____
Estimated Total Value of Husband's Separate Property:	\$	_____
Estimated Total Value of Wife's Separate Property:	\$	_____

Does the total value of your Estate exceed \$23,400,000.00 for a married couple (or \$11,7000,000 for an individual)?  
Yes No

**REAL ESTATE**

*For all Real Estate (Land/houses, etc., identify the Location/Address (include County of location).*

Address:	Equity:	Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OIL, GAS, AND MINERAL INTERESTS**

*For all oil, gas, and minerals that you own, identify the county in which such minerals are located.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BANKS AND BROKERAGE ACCOUNTS**

*Identify all Institutions at which you maintain an account.*

Name of Bank/Brokerage Firm	Acct #	Beneficiary Designations	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER ASSETS (Business interests, Retirement Accounts, Digital Assests such as bitcoin, Trademarks, Patents, Copyrights, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you created a list or database of your automatic draft payments?	Yes	No
Have you created a list or database of your passwords for digital accounts?	Yes	No
Have you left any written instructions for your family upon your passing?	Yes	No