ESTATE PLANNING QUESTIONNAIRE

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Date: **Legal Name:** Address: County of Residence: Email Address: Telephone: Date of Birth: US Citizen? Spouse's Legal Name: Email Address: Telephone: Date of Birth: US Citizen? **Family Information** List all of your <u>living</u> children. Legal Name Age Address

List all deceased children.
Legal Name(s)
Have you adopted any children?
Have you treated any non-biological children as your own?
Do any of your children have special needs or receive government benefits?
If yes, please provide a brief explanation.
Have you or do you expect to inherit any property?
Do you have any frozen genetic material in storage?

Estate Assets

Real Estate & Mineral Interests For each tract of real property (incof Texas).	cluding minerals), list the address, a	and county (and state if outside	
Address		County	
Cash/Savings For each account, list the bank name, the beneficiaries (if any), and estimated value.			
Institution Name	Beneficiaries	Value	

	unds (excluding those held in retirement institution name, the beneficiaries, an	· · · · · · · · · · · · · · · · · · ·
Institution Name	Beneficiaries	Value
	I(k), Pension plans, Annuities, IRAs institution name, the beneficiaries, an	d estimated value.
Institution Name	Beneficiaries	Value

For each business, list the	e legal name, ownership, and value.	
Business Name	Ownership Interest	Value
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Life Insurance For each policy, list the b	peneficiaries, and estimated cash value.	
Institution Name	Beneficiaries	Cash Value

Business Interests

Digital Assets (cryptocurrency, bitcoin Describe generally and include estimated and e		c.)	
Description Benefit	eficiaries		Value
Estimated total value of your estate			
\$	_		
	YES	NO	
Do you own any separate property?			
Distribution of your estate At our meeting be prepared to discus keeping in mind any contingent benefit	•		± •
Describe the distribution of your assets or charity.	s upon your	r death, includin	g any specific gifts to individuals

Burial and Cremation Instructions
If you wish to include (1) burial or cremation instructions or (2) rights to the disposition of your remains, describe such instructions below.

	Trustees, Agents) and telephone number of each person (or be pacity indicated. Please list alternates at least	-	• /	
Executor – The individu	al that will probate your Will.			
Name	Address	Teleph	one	
Trustee – The individua trust depending on your	l (or institution) that will manage your Trust specific estate plan).	t (Note, you may	not have a	
Name	Address	Teleph	Telephone	
	ney) – The individual(s) that will make decle to make decisions for yourself.	cisions for you	during your	
Name	Address	Financial	Medical	
Should Executors be pai	d?			

Should Trustees be paid? Should Agents (power of attorney) be paid? Do you have a premarital agreement?

Have you made any gifts of more than \$19,000.00 during any calendar year?

Have you ever filed a Gift Tax return (Form 709)?

Are you subject to an ongoing obligation to a former spouse (child support, etc.)?

Are you the creator or beneficiary of a trust?

Are you a current party or potential party to a lawsuit?

Have you created a list or database of your automatic draft payments?

Have you created a list or database of your passwords for digital accounts?

Have you left any written instructions for your family upon your passing?