

QUESTIONNAIRE FOR ESTATE PLANNING

INTRODUCTION:

A "Last Will & Testament" (commonly referred to as a "Will") lets you designate in advance who will receive your property (referred to as your "Estate") when you pass away. It also lets you designate who will oversee carrying out your wishes when you die ("Executor") & giving property to your heirs ("Beneficiaries.")

The average person with basic assets usually only needs to create a "Simple Will". This type of Will is designed to leave all your property to one person or split among several people equally. You can also make a few specific "distributions" of certain property to certain people, and then leave the rest to others if you want. If you are married, then each spouse needs their own separate Will and Power of Attorney documents. If married, then we typically recommend that you create Wills that are "mirror images" of each other. These Wills state that each spouse will leave all their property to the surviving spouse, and then when both spouses die, the surviving spouse will leave the property to the next people in line. If the couple has children, then typically it will state that the next people in line are their children, BUT they can technically leave it to whoever they want. (NOTE: For those using Texas Legal Insurance, the "Simple Will" is the one included for free in your plan. For more complicated plans, higher rates may apply.)

A "Financial Power of Attorney" lets you designate in advance who can make financial and legal decisions for you IF you are incapacitated and not able to make those types of decisions for themselves. (This document is technically called a "Statutory Durable Power of Attorney").

A "Medical Power of Attorney" lets you designate in advance who can make medical decisions for you IF you are incapacitated and not able to make medical decisions for themselves.

A "Health Insurance Portability & Accountability Act" (HIPAA) authorization form allows someone to get access to your health care records on your behalf.

An "Advanced Directive" is a document that lets you specify certain medical procedures you may want to have done or may not want to have done in the future in an emergency.

A "Do Not Resuscitate Order" is a document that lets you specify that you do not want to be rescued or brought back to life in case of a life-threatening event (like a heart attack or stroke). This is typically only necessary for someone who is already suffering from a terminal illness, or already in the end stages of their life.

A "Special Needs Trust" is a document that lets you leave assets to a disabled child or individual in a way that will not result in them losing any governmental assistance.

If there is not enough room to answer the questions, please provide additional info on extra spaces on page 10.

1. Your Information

a. Full Legal Name: _____

b. Home Address: _____

2. How to reach you:

Phone #'s: _____

E-mails: _____

3. Your spouse's full name: _____

Phone #'s: _____

E-mail: _____

4. Do you have children? _____ If so, please list names below:

a. _____ Age _____ Step-child? _____ Adopted? _____

b. _____ Age _____ Step-child? _____ Adopted? _____

c. _____ Age _____ Step-child? _____ Adopted? _____

d. _____ Age _____ Step-child? _____ Adopted? _____

5. Does your spouse have children? _____ If so, please list names below:

e. _____ Age _____ Step-child? _____ Adopted? _____

f. _____ Age _____ Step-child? _____ Adopted? _____

g. _____ Age _____ Step-child? _____ Adopted? _____

h. _____ Age _____ Step-child? _____ Adopted? _____

6. Whom do you select as Executor of your Estate? (This person must carry out the directions in your Will, gather up your property, collect or pay debts, and distribute assets of your Estate to your Beneficiaries. Must be over 18 and never had a felony conviction or conviction for fraudulent behavior.)

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|--------------------------------|---------|--------|--------------|--------------|
| Main Executor (Usually spouse) | | | | |
| Alternate #1 | | | | |
| Alternate # 2 | | | | |

7. Who do you want to leave your Estate property to? (Please check one)

_____ **OPTION A:** I am married with children and want my assets to pass as follows:
To my surviving spouse.

IF my spouse predeceases me, then my assets shall be divided equally among my children.

If any of my children predeceases me, that child's share shall be distributed as follows:

1. PER STIRPES (distributed to his or her children (a.k.a. the Grandchildren) equally)
2. PER CAPITA (divided equally between the other surviving children - not the grandchildren)

_____ **OPTION B:** I am not married but do have children and want my assets to pass as follows:
In equal shares among my children.

If any of my children predeceases me, that child's share shall be distributed as follows:

1. PER STIRPES (distributed to his or her children (a.k.a. the Grandchildren) equally)
2. PER CAPITA (divided equally between the other surviving children - not the grandchildren)

_____ **OPTION C:** I am married with no children and want my assets to pass as follows:
To my surviving spouse.

If my spouse predeceases me, I want my assets distributed as follows:

| Name | Address | Relationship | PER STIRPES | PER CAPITA |
|------|---------|--------------|-------------|------------|
| | | | | |
| | | | | |
| | | | | |

_____ **OPTION D:** I am not married and without children. I want my assets to pass as follows:

| Name | Address | Relationship | PER STIRPES | PER CAPITA |
|------|---------|--------------|-------------|------------|
| | | | | |
| | | | | |
| | | | | |

_____ **OPTION E:** I want my assets to pass as follows:

Leave this property: _____

To this person: _____

Leave this property: _____

To this person: _____

Leave this property: _____

To this person: _____

Leave this property: _____

To this person: _____

Leave this property: _____

To this person: _____

Leave everything else to this person: _____

OR, to these people: _____

OR to these people (if the others mentioned don't survive me) _____

In these shares each: _____

8. Assuming you and your spouse are both deceased, whom do you select to serve as Guardian for your minor children? (This person will assume the daily duties of raising your children.)

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|-----------------------|---------|--------|--------------|--------------|
| Main Guardian | | | | |
| Alternate Guardian #1 | | | | |
| Alternate Guardian #2 | | | | |

9. Assuming you and your and your Spouse are both deceased, whom do you select as Trustee for your minor children's inheritance? (Your Trustee will manage the money left in trust to your

children for their support, maintenance and education. Most people name the same person who they named as Guardian above.)

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|----------------------|---------|--------|--------------|--------------|
| Main Trustee | | | | |
| Alternate Trustee #1 | | | | |
| Alternate Trustee #2 | | | | |

10. Assuming Trust funds are established for any minor children, at what age (or ages) do you wish trust funds to be distributed to them? (Check one)

- a. all funds to child when they reach 18;
- b. 1/2 at age 18, and the remaining 1/2 at age 21;
- c. 1/3 at age 18, 1/3 at age 21, and the final 1/3 at age 25.

11. Do you want a Financial Power of Attorney? _____ (This allows you to select someone to make financial decisions for you in the event you are incapacitated. Highly recommended.)

If so, whom do you select as your "Agent" to make decisions for you?

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|-----------------------------|---------|--------|--------------|--------------|
| Main Agent (Usually Spouse) | | | | |
| Alternate Agent # 1 | | | | |
| Alternate Agent # 2 | | | | |

When do you want the Financial Power of Attorney to become effective?

_____ IMMEDIATELY, OR
 _____ UPON DISABILITY OR INCAPACITY

12. Do you want a Medical Power of Attorney? _____ (This allows you to select someone to make decisions governing your health care in the event you are incapacitated. Also, highly recommended).

If so, whom do you want to select as your “Agent” to make decisions for you?

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|-----------------------------|---------|--------|--------------|--------------|
| Main Agent (Usually spouse) | | | | |
| Alternate # 1 | | | | |
| Alternate # 2 | | | | |

13. Would you like to fill out a HIPAA authorization form which allows someone to access your health care records on your behalf?

If so, then who gets access? _____

14. Would you like to fill out an “Advanced Directive”? _____ Yes _____ No

If Yes, then please answer the following questions:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

15. Do you need a “Do Not Resuscitate” Order as well? (Instructs doctors not to revive you in case of stroke, heart attack, etc.)

_____ **Yes** _____ **No**

16. Do you need to set up a “Special Needs Trust”?

If so, then who is it for? _____

What is their age? _____ Their relationship to you? _____

And the nature of their disability? _____

What type of property do you want to put into the Trust? _____

17. Would you like to file the original version of your Will with the Probate Clerk for safe-keeping?
(That way everyone will know where to find it later). _____ **Yes** _____ **No**

18. If not, then who will keep the original Will or other documents in their possession?

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|------|---------|--------|--------------|--------------|
| | | | | |

19. Which individuals (or institutions) will keep a signed copy? (Usually given to Agents).

| NAME | ADDRESS | COUNTY | PHONE NUMBER | RELATIONSHIP |
|------|---------|--------|--------------|--------------|
| | | | | |
| | | | | |
| | | | | |

20. Are you in need of other specialized type of legal document?

_____ a. Living Trust – Used for people with more complicated assets who are trying to avoid probate process.

_____ b. Transfer Upon Death Deed or “Lady Bird” Deed – Used to automatically transfer title of a piece of real estate from you to someone else immediately upon your death.

_____ c. Declaration for Mental Health Treatment – Allows a person with a serious mental health problem to specify in advance certain types of treatment they are willing to agree to or not willing to agree to, during times in the future when they may be experiencing a manic or psychotic episode, and not competent to make decisions for themselves.

