

ESTATE PLANNING QUESTIONNAIRE
REVISED 01/2019

CLIENT INFORMATION

Full name: _____ Email: _____

Home address _____

Street Address

City State Zip Code County

Date of birth _____ SSN: _____

Phone number _____ (home) _____ (cell / office)

Occupation: _____ U.S. Citizen: yes no*

SPOUSE INFORMATION (IF APPLICABLE – EACH SPOUSE WILL HAVE HIS OR HER OWN SEPARATE DOCUMENTS)

Full name: _____ Email: _____

Home address _____

Street Address

City State Zip Code County

Date of birth _____ SSN: _____

Phone number _____ (home) _____ (office)

Occupation: _____ U.S. Citizen: yes no*

Engagement Contract & Retainer: _____

INFORMATION ON CHILDREN (IF APPLICABLE)

DO ANY OF YOUR CHILDREN HAVE DISABILITIES OR SPECIAL NEEDS? _____

1. Full name _____ Gender _____

Birthdate _____ Parents _____

Address _____

2. Full name _____ Gender _____

Birthdate _____ Parents _____

Address _____

3. Full name _____ Gender _____

Birthdate _____ Parents _____

Address _____

4. Full name _____ Gender _____

Birthdate _____ Parents _____

Address _____

5. Full name _____ Gender _____

Birthdate _____ Parents _____

Address _____

EXECUTOR AND TRUSTEE UNDER WILL

The person you name below will serve as the independent executor of your Will and the trustee of the trust created under your Will (if applicable). In the event the person you name as executor or trustee is unable or unwilling to serve, the person you name below as successor will serve. You may name more than one person to serve as co-executors or co-trustee. We recommend that a trust be created in your Will if you leave property to beneficiaries who are under the age of 35.

CLIENT	SPOUSE (if applicable)
Executor _____	Executor _____
Relationship _____	Relationship _____
Successor Executor _____	Successor Executor _____
Relationship _____	Relationship _____
Successor Executor _____	Successor Executor _____
Relationship _____	Relationship _____
Trustee _____	Trustee _____
Relationship _____	Relationship _____
Successor Trustee _____	Successor Trustee _____
Relationship _____	Relationship _____

Do you want to compensate your Executor or Trustee? CIRCLE YES NO

a. How much is the compensation: Executor _____ Trustee _____

GUARDIAN FOR MINOR CHILDREN

The person you name below will serve as the guardian for any minor children (under the age of 18) in the event that both parents die. In the event the person you name as guardian is unable or unwilling to serve, the person you name below as successor will serve. You may name an individual as guardian or a married couple as guardians.

CLIENT	SPOUSE (if applicable)
Guardian _____	Guardian _____
Relationship _____	Relationship _____
Address: _____	Address: _____
Successor _____	Successor _____
Relationship _____	Relationship _____
Address: _____	Address: _____

HEALTH CARE DIRECTIVE TO PHYSICIAN (LIVING WILL)

This instrument instructs physicians to remove life-sustaining procedures if you have a terminal medical condition, you are unable to make the decision yourself, and the life sustaining procedures would only artificially prolong the moment of death. Two physicians must certify a terminal condition.

1. Would you like us to create a Living Will for you? Circle: YES NO
2. Do you have any special instructions? _____

POWER OF ATTORNEY FOR FINANCIAL DECISIONS

The person you name below as your agent will have the authority to act on your behalf either immediately or in the event you become incapacitated (we will discuss this option at your appointment). You may also name an alternate agent to serve if your primary agent is unable to serve.

CLIENT	SPOUSE (if applicable)
<i>Agent</i> _____	<i>Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Relationship _____	Relationship _____
Address: _____ _____	Address: _____ _____

Do you want your agent to be able to make gifts on your behalf: _____

Do you want your agent to be compensated for acting as your agent: _____

POWER OF ATTORNEY FOR MEDICAL DECISIONS & HIPAA AUTHORIZATION

The person you name below as your agent will have the authority to act on your behalf in regard to medical decisions (e.g., consent to treatment) in the event you become incapacitated. You may also name an alternate agent to serve if your primary agent is unable to serve. If you are married and would like your spouse to serve as the first agent, please list him/her in the first space. The HIPAA Authorization allows family or friends to communicate with your doctors, nurses, and other hospital staff regarding your health condition and treatment.

CLIENT	SPOUSE (if applicable)
<i>Agent</i> _____	<i>Agent</i> _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
<i>Alternate Agent</i> _____	<i>Alternate Agent</i> _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

LIST OF ASSETS

Your estate includes all of the property that you own at the time of your death which includes your home, bank accounts, securities, retirement benefits, life insurance that you own on your life or the life of another, personal property, automobiles, etc. If you are married, you will need to determine the value of your and your spouse's combined estate and classify the property as separate or community property.

Directions: Use the asset list below to estimate the value of your estate. List any outstanding loans against a piece of property in parentheses next to the value. For example, when the value of home is \$100,000 with a \$50,000 balance on the mortgage, list it as follows: Personal residence: \$100,000 (\$50,000)

PLEASE NOTE: Additional tax planning is recommended if your total estate exceeds \$5,000,000.00.

	COLUMN 1	COLUMN 2	COLUMN 3
	Your Separate Property	Spouse's Separate Property (if applicable)	Community Property (if applicable)
Cash and savings	\$ _____	\$ _____	\$ _____
Money market accounts and CDs	\$ _____	\$ _____	\$ _____
Stocks and bonds	\$ _____	\$ _____	\$ _____
Notes receivable	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Cryptocurrency	\$ _____	\$ _____	\$ _____
Retirement benefits	\$ _____	\$ _____	\$ _____
Personal residence	\$ _____	\$ _____	\$ _____
Other real estate in Texas	\$ _____	\$ _____	\$ _____
Other real estate outside Texas	\$ _____	\$ _____	\$ _____
Partnership interests	\$ _____	\$ _____	\$ _____
Term life insurance (amount payable at death)	\$ _____	\$ _____	\$ _____
Other life insurance (amount payable at death)	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Other (furniture, collectibles art, jewelry, personal property)	\$ _____	\$ _____	\$ _____
Beneficiary of Trust (current value)	\$ _____	\$ _____	\$ _____
Total assets	\$ _____	\$ _____	\$ _____

ESTATE INFORMATION

1. Are you and/or your spouse a beneficiary of a trust? Circle: YES .NO
2. Have you and/or your spouse ever created a trust? Circle: YES NO
3. If you answered "yes," please describe the property that is in the trust: _____
4. If your estate is larger than \$5,000,000.00, please notify the attorney because additional estate planning may be necessary. CIRCLE: YES NO _____

DISPOSITION OF PROPERTY AND REMAINS

1. If you have any joint bank accounts, please list them and the co-owners: _____

2. If you have life insurance, who are the beneficiaries: _____

3. Do you have long-term care insurance? _____
4. If you have a retirement account, who are the beneficiaries: _____

5. Do you want to appoint someone as the agent to dispose of your remains? CIRCLE YES / NO
If you circled yes, please name your agent and alternate agents: _____

6. Do you own any trademarks, copyrights, or patents? CIRCLE YES NO
7. Can your executor have access to your digital accounts (email, Facebook, etc.) CIRCLE YES . NO
 - a. Specific instructions: _____

IF YOU ARE SINGLE:

1. Please list any specific gifts (*i.e.* I give my watch to my son): _____

2. Whom do you want to receive the rest of your property? _____

3. If the person named above does not survive you, who do you want to receive the rest of your property? _____
4. If any minors or young adults receive property, do you want it held in a trust? CIRCLE YES NO
What age should the trust terminate (see Note at bottom of page)? _____

IF YOU ARE MARRIED:

1. Please list any specific gifts (*i.e.* I give my watch to my son): _____

2. Do you want to leave the rest of your property to your spouse? CIRCLE YES . NO
If not, whom do you want to receive the rest of your property? _____

3. If your spouse does not survive you, whom do you want to receive the rest of your property?

4. If your children or grandchildren receive property, do you want it held in a trust? CIRCLE YES NO
What age should the trust terminate (see Note at bottom of page)? _____
5. If neither your children nor your grandchildren survive you, whom do you want to receive your property? _____

PLEASE NOTE: If property passes to a child who is under the age of 35, we recommend that it pass to a trust for the child's benefit. We recommend the following distributions:

- (1) at age 25 the child is entitled to receive one-third of the trust property;
- (2) at age 30 the child is entitled to receive one-half of the remaining property;
- (3) at age 35 the remainder of the trust will be distributed to your child.

Contact Information:

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