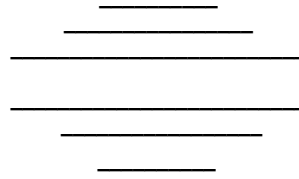


# JOHNSTON LEGAL GROUP PC



## **Estate Planning Questionnaire (for Single Client)**

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

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

1. Full name (as you will sign your will)

\_\_\_\_\_

2. Address \_\_\_\_\_  
County \_\_\_\_\_

Have you ever lived in any state other than Texas? \_\_\_\_\_  
State \_\_\_\_\_

Date you moved to Texas \_\_\_\_\_

3. Phone Numbers

a. Home \_\_\_\_\_ c. Fax \_\_\_\_\_

b. Work \_\_\_\_\_ d. Cell \_\_\_\_\_

email address: \_\_\_\_\_

4. Birthdate: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Optional)

5. Occupation: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

Family-owned Business Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

EIN (optional) \_\_\_\_\_

6. Marital History

a. Are you currently married? Yes \_\_\_ No \_\_\_

Date & state of marriage:

\_\_\_\_\_
Spouse Name: \_\_\_\_\_

b. Widowed? Yes \_\_\_ No \_\_\_

Name of deceased spouse:

\_\_\_\_\_
Date of death \_\_\_\_\_ County/State of Residence at death \_\_\_\_\_

Did spouse leave a will?

Yes \_\_\_ No \_\_\_ (if yes, please include a copy of the will)

Was it probated? Yes \_\_\_ No \_\_\_

c. Divorced? Yes \_\_\_ No \_\_\_

Name of ex-spouse:

\_\_\_\_\_
Date and state of divorce:

\_\_\_\_\_
Any financial obligations relating to divorce?

d. Are there any premarital or post-marital agreements in effect?

Yes \_\_\_ No \_\_\_ (please include a copy)

7. Children & Grandchildren (please include any who are deceased)

a. Children Birthdate State of Residence

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

b. Grandchildren Birthdate State of Residence Parent's Name

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

c. Which descendants listed above are deceased? \_\_\_\_\_

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

8. Assets

a. Real Estate      State      Approx. Value      Mortgage Balance  
Residence \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

b. Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. IRAs      Institution/Custodian      Balance      Primary Beneficiary

\_\_\_\_\_

\_\_\_\_\_

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yearly Contribution (for defined contribution plans): \_\_\_\_\_

e. Life Insurance (list cash value and payoff value)

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

f. Trust Interests (including powers of appointment)

\_\_\_\_\_

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g. Other Major Assets (fine artwork, pending lawsuits, etc.)

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h. Anticipated  
Inheritance

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Name of Person Who May Leave You Something

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Relationship

Rough Estimate of Amount: \_\_\_\_\_

i. Business Interests

Ownership Arrangement (partnership/S-corp., etc.)

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Approx. Value \_\_\_\_\_

j. Automobiles & Vehicles (including boats & trailers)

Year & Make Date Acquired Owner on Title Issuer State Value Loan

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k. Digital Assets

Describe the asset(s) and your desires re the asset(s):

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l. Loaned or Stored Assets:

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9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
1. Consumer Debts	_____	_____

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2. Business Debts \_\_\_\_\_

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10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Dispositive Plan

a. Do you presently have a will? Yes \_\_\_ No \_\_\_  
(please include a copy, if readily available)

b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

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

c. In general, to whom do you want your estate to be distributed?

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

• Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?

\_\_\_\_\_

12. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. Executor  
Primary  
Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

First Alternate

b. Guardian and Trustee for minor children  
Primary  
Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Second Alternate  
Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Second Alternate  
Name: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Relationship: \_\_\_\_\_

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

First Alternate  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Second Alternate  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

b. Medical Power of Attorney

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

Primary  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

First Alternate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Second Alternate  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

c. Living Will (also called Advance Directive to Physicians and Family)

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

\_\_\_\_\_ Comfort treatment only. \_\_\_\_\_ All life-sustaining treatments.  
\_\_\_\_\_ Undecided.

2. An "irreversible condition" is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

\_\_\_\_\_ Comfort treatment only. \_\_\_\_\_ All life-sustaining treatments. \_\_\_ Undecided.

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

Guardian for Financial Purposes:

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

Alternate: \_\_\_\_\_

Guardian for Health Care Purposes

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

Alternate: \_\_\_\_\_

Persons you wish to exclude:

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

e. Beneficiary of Life Insurance, Ira, Retirement Plans

Life insurance, individual retirement accounts, and other retirement plans are payable to a beneficiary upon your death. You may need to change the beneficiary designation to coordinate with the provisions in your will. For example, if your beneficiaries are minor children, you might want to change the beneficiary designation to the “Testamentary Trustee Appointed Under My Will”. Please discuss this with your attorney. I recommend that you obtain a copy of each current beneficiary designation to be reviewed by your attorney.

f. Joint Accounts

Texas statutes authorize several types of joint accounts with financial institutions, such as joint accounts with rights of survivorship, POD accounts, trustee accounts. These types of accounts have significant legal consequences. You may need to change these accounts to coordinate with the provisions in your will. I recommend that you obtain a copy of each current account agreement with your financial institution to be reviewed by your attorney.

If you have any property owned as joint tenant with right of survivorship discuss with your attorney.

g. Custodial Accounts

If you are the fiduciary or beneficiary of any custodial accounts, discuss the details with your attorney.

h. Appointment of Agent to Control Disposition of Remains

Texas law also governs the priority of persons who have a right to make decisions about the disposition of a dead person’s remains. The law also permits a person to designate an agent to make decisions about the disposition of his or her remains in a written instrument. If you wish to make such a designation, please list the agent or agents you wish to designate.

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

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