

THE LAW OFFICES OF LACI D. JONES, PC

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ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

PERSONAL/FAMILY DATA

FULL NAME

_____ Last First Middle

ADDRESS: _____
Number Street City State Zip Code

HOME TELEPHONE NUMBER () _____

YOUR CHILDREN

Full Name	Address	Date of Birth	Name of Other Parent?	Is Child Dependent?

GRANDCHILDREN

Your Child's Name:				
Grandchildren:				

Are any of your children spendthrifts, have disabilities, and/or should be treated differently?

OTHER DEPENDENT PERSONS (e.g. parents)

Please list names, addresses, relationships and current arrangements relating to such other dependents and inheritance objectives concerning such persons

ESTATE AND FAMILY OBJECTIVES Describe your objectives:

ESTATE OBJECTIVES, including specific charitable gifts or bequests:

FAMILY OBJECTIVES, including lifetime gifts or bequests to other than your immediate family.

EXECUTOR(S) of your Will (also called "Personal Representatives"):

PRIMARY

Name: _____
Address: _____

ALTERNATE

Name: _____
Address: _____

TRUSTEE(S) of any Trust:

PRIMARY

Name: _____
Address: _____

ALTERNATE

Name: _____
Address: _____

Are there any special items you would like to have incorporated in your estate plan?