

THE LAW OFFICES OF LACI D. JONES, PC

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ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

PERSONAL/FAMILY DATA

FULL NAME (SPOUSE 1) _____
Last First Middle

FULL NAME (SPOUSE 2) _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

HOME TELEPHONE NUMBER _____ - - DATE OF MARRIAGE: ____ / ____ / ____

Your Name		
Date of Birth		
Place of Birth		
Cell Phone Number		
Email Address		
State of Health		
Employer		
Employer Business Phone		
Occupation		
Citizenship		

YOUR CHILDREN (Please list all children of whom you are aware. If additional space is needed, please use reverse side.)

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

Please indicate which, if any, of your children are adopted.

GRANDCHILDREN (Please list your grandchild's full name underneath their parent's name in the table below).

Your Child's Name:				
Grandchildren:				

Are any of your children spendthrifts, have disabilities, and/or should be treated differently? If so, describe in the box below.

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.

PREVIOUS MARRIAGE

If either of you have been married before please provide copies of any Divorce Decrees.

HUSBAND'S FORMER SPOUSE

WIFE'S FORMER SPOUSE

Describe financial responsibility, if any, still existing, arising out of divorce, or date of death of former spouse if marriage ended by death:

YOUR ADVISORS (Include Name/Contact Information)

Your Name		
Accountant		
Banker (Bank)		
Investment Advisor		
Life Insurance Agent		
Physician		

LIFE INSURANCE (Please bring policies to meeting)

Company	Name of Person Insured	Policy No.	Owner of Policy	Primary Beneficiary	Face Amount of Death Benefit

If any of these policies provide accidental death benefits, please indicate as "AD&D".

FINANCIAL INFORMATION

ESTIMATED FAIR MARKET (SALE) VALUE
(ATTACH SCHEDULES IF NECESSARY)

ASSETS	Ownership in Husband's Name	Ownership in Wife's Name	Ownership in Joint Names or Community Property
Real Estate - Residence, Vacation home Other real estate			
Home Furnishings			
Automobiles			
Stocks			
Bonds and Notes			
Savings Accounts, C.D.'s, etc.			
Interest in Profit Sharing or Retirement Plans or Keogh Plans			
Independent Retirement Plan (IRA)			
Interest in Valuable Stamp/ Coin/Art Collections/Antiques (Please make a separate list)			
Value of Business Assets if self-employed or interest in partnership or closely held corporation			
Miscellaneous Assets			
Prospective Inheritance From Whom? Predicted Receipt?			
TOTAL ASSETS			
LESS: MORTGAGE, LOANS AND OTHER LIABILITIES			
NET ASSETS			

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.

GUARDIAN(S) of the person of minor children:

PRIMARY

Name: _____
Address: _____

ALTERNATE

Name: _____
Address: _____

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 or are there additional alternate guardians, executors, or trustees you would like named? Please indicate in the space below.

ANCILLARY DOCUMENTS -

Statutory Durable Powers of Attorney.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____

Medical Powers of Attorney.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number:	_____	_____	_____

Directives to Physicians and Family or Surrogates.

Indicate whether you want to execute: Yes _____ No _____ Uncertain _____

Directions regarding funeral/cremation:

MISCELLANEOUS (If applicable, give details on back of this page)

1. Have you made any gifts exceeding \$14,000.00 per year to any person or created any trusts? Yes [] No []
2. Do you or your spouse have a power of appointment or other interests under a Will or Trust of another person? (Supply copy of document if available). Yes [] No []
3. Have any of your children received an advance on their inheritance or are any of your children indebted to you? Yes [] No []

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Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____

Medical Powers of Attorney.

	<u>PRIMARY</u>	<u>FIRST ALTERNATE</u>	<u>SECOND ALTERNATE</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Phone number:	_____	_____	_____

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ORIGINAL ESTATE PLANNING DOCUMENTS.

It is important to keep the original estate planning documents in a safe place. Will you store the originals in a Fireproof Safe at your home?

If you selected no, please describe where the document will be stored below.

PERSONAL INFORMATION SHEET AND SPECIFIC SCHEDULES

Please BRING WITH YOU for your appointment the following items as they may apply to you:

1. All insurance policies, annuities and similar documents.
2. Bring copies of any Powers of Attorney you may have granted.
3. List of all business interests you have, including percentage interest, type of business, business name and location and any information which has an effect on your interest.
4. Your Last Will and Codicils/Trusts.
5. Wills/Trusts of family members, if pertinent.
6. Your last personal financial statement, if more appropriate.
7. Business documents (Partnership Agreements/Buy-Sell Agreements/Employment Agreements).
8. Pension/Profit Sharing/IRA materials (last plan summary or IRA statement).