

ESTATE AND DISABILITY PLANNING QUESTIONNAIRE
(MARRIED COUPLE)

You do not have to fill out everything if you do not want to do so – just be aware, please, that the more information you provide to us, the better able we are to represent and serve you. Thank you.

I.
PERSONAL AND FAMILY DATA

A. Personal Data

Wife: _____
(First) (Middle) (Maiden) (Last)

Date of Birth: _____ Place of Birth: _____

S.S.#: _____ Driver's License No.: _____ State: _____

Husband: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____

S.S.#: _____ Driver's License No.: _____ State: _____

Date of Marriage: _____

Place of Marriage: _____

Home Address: _____

Telephones: _____

Email at home: _____

How long have you lived in Texas? Wife: _____ Husband: _____

How long have you lived in Texas as a Married Couple? _____

_____ If you have ever been married before and widowed/widowed or divorced, please attach information relating to the prior marriage, including copies of related court documents.

B. Employment Data

Wife's

Employer: _____

Position: _____

Address: _____

Telephones: _____ Email Address, Office: _____

Fax: _____

Husband's

Employer: _____

Position: _____

Address: _____

Telephone: _____ Email Address, Office: _____

Fax: _____

C. Children, Sons- and Daughters-in-Law; Grandchildren:

(a) Name: _____ Date of Birth: _____

Home Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

If married, name of spouse, work telephone, email, and fax: _____

If any children, please include their names and their dates of birth if under 18: _____

(b) Name: _____ Date of Birth: _____
Home Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____
If married, name of spouse, work telephone, email, and fax: _____

If any children, please include their names and their dates of birth if under 18: _____

(c) Name: _____ Date of Birth: _____
Home Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____
If married, name of spouse, work telephone, email, and fax: _____

If any children, please include their names and their dates of birth if under 18: _____

(d) Name: _____ Date of Birth: _____
Home Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____
If married, name of spouse, work telephone, email, and fax: _____

If any children, please include their names and their dates of birth if under 18: _____

D. Other Family Members: Indicate if they are alive (use additional pages if necessary)

Wife's Parents:

Names: _____
Addresses: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Husband's Parents:

Names: _____
Addresses: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Wife's Brothers and Sisters:

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Husband's Brothers and Sisters:

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

As you complete the following, if you have already provided contact information above for a person, just indicate that – you do NOT need to complete the information over and over again.

II.
SELECTION OF REPRESENTATIVES

List below the name, age, relationship and address of the person (or the name and address of the Bank) that you wish to have serve in the capacities indicated:

A.1 Wife's Will

Executor:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Trustee(s):

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Guardian(s) of Minor Children:

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

Name: _____

Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

A.2 Wife's Medical Power of Attorney

Designated Agent:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

First Alternate:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Second Alternate:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

A.3 Wife's Living Will/Advanced Directive –Directive to Physicians

Do you want one? Yes: No:

Out-of-Hospital DNR – You are eligible to do this only if your doctor agrees:

Do you need one? Yes: No:

A.4 Wife’s Durable Power of Attorney for Financial Matters

Designated Agent:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate Agents:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

A.5 Wife’s Designation of Guardian

Guardian (Over you, as opposed to your minor children) (if any) (generally uses same people designated in Power of Attorney for Financial Matters):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate Guardians:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

A.6 Wife's Appointment of Agent to Handle Funeral

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternates:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

A.7 Wife, Do you wish to Register with Living Bank to be an Organ or Tissue Donor?

Yes No

B.1 Husband's Will

Executor:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Trustee(s):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Guardian(s) of Minor Children:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate(s):

Name: _____
Address: _____

Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

B.2 Husband's Medical Power of Attorney

Designated Agent:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

First Alternate:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Second Alternate:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

B.3 Husband's Living Will/Advanced Directive–Directive to Physicians

Do you want one? Yes: No:

Out-of-Hospital DNR

Do you want one? Yes: No:

B.4 Husband's Durable Power of Attorney for Financial Matters

Designated Agent:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate Agents:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

B.5 Husband's Designation of Guardian

Guardian (Over you, as opposed to your minor children) (if any) (generally uses same people designated in Power of Attorney for Financial Matters):

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternate Guardians:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

B.6 Husband's Appointment of Agent to Handle Funeral

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Alternates:

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

B.7 Husband, Do you wish to Register with Living Bank to be an Organ or Tissue Donor?

Yes No

**III.
DISPOSITION OF PROPERTY**

A. In general, describe the way you want your property to pass upon your death.

Wife.

If your husband survives you.

If your husband does not survive you.

If neither your husband nor your children (grandchildren) survive you.

Husband.

If your wife survives you.

If your wife does not survive you.

If neither your wife nor your children (grandchildren) survive you.

B. Special provisions with respect to any specific properties? (specific cash amounts, heirlooms, jewelry, art objects, auto, etc.)

Wife.

Husband.

V.
FINANCIAL DATA

Please indicate the manner in which bank accounts, deposit certificates, and securities are held or registered. Possibilities include: (1) both of your names, (2) both of you as joint tenants with right of survivorship, (3) one of your names and payable on death to the other, or to another person, and (4) one of your names “in trust for” the other, or to another person. Also indicate the beneficiary designations of life insurance, IRAs, pension benefits, and the like. All of these assets go outside of the Will to the persons named in the “contract” with the bank, broker, insurance company, etc. If possible, provide us with copies of the actual “contract” – like a signature card, account agreement, beneficiary designation.

A. **Assets.** Please provide us with a list of all your assets – those that will pass under the Will and those that will pass outside of the Will. Indicate approximate values and whether such property is the separate property of one of you (and whose property it is) or community property. Include securities, bonds, mutual funds, real estate, autos, boats, planes, livestock, tangibles, IRAs, pension plans, and all other assets. If there is a loan or mortgage against a property, indicate the amount. With respect to employment benefits, indicate the type of plan (i.e., pension, thrift, profit-sharing, government disability, retirement pay, teacher’s retirement, stock options, etc.) and the name, address, and phone number of an individual, the place which administers the plan who can provide additional information, if needed.

If you expect to inherit any property from a relative, please provide us with a general description, source, and approximate value.

If you are the beneficiary of a trust, are serving as a fiduciary (Trustee), have a life estate, a general or special power of appointment, please provide us with copies of the underlying documents.

If you own an interest in a business or businesses (as a partner, sole proprietor, shareholder, etc.) please provide us with copies of the underlying documents along with general information relating to ownership, nature, and value of the business and any plans or arrangements relating to the disposition of a deceased owner (like a buy-sell agreement).

B. Gifts. Have you made gifts that exceed the annual gift tax exclusion (currently \$13,000 per donee per donor each calendar year). If so please list those gifts and provide copies of any gift tax returns that were filed.

C. Income. *Please include earned and unearned income.*

Wife.

Husband.

V.
MISCELLANEOUS DATA

A. List below the name, address and telephone number of the following persons, to the extent available to you:

1. Your Insurance Agent(s).

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

2. Your Accountant. (Or other person who prepares your income tax return)

Name: _____

Address: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

3. Your Financial Advisor/Stock Broker.

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

4. Your Bank/Banker.

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

5. Your Primary Care Physician.

Wife.

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

Husband.

Name: _____
Address: _____
Telephone, Home: _____ Telephone, Work: _____
Email, Home: _____ Email, Work: _____
Fax, Home: _____ Fax, Work: _____

6. Safe Deposit Box. *You should keep originals in either a safety deposit box or a fire proof box. The firm has a safety deposit box as a convenience for our clients who do not have their own. We charge \$30 a year, non-prorated, for this.*

Bank: _____

Address: _____

In whose name(s) listed? _____

Location of key: _____

C. Please indicate the location of the following documents *and keep your passwords in a safe place accessible to those you want to have such access during your life and after death:*

<u>Document</u>	<u>Location</u>
Adoption papers	_____
Bankbooks	_____ _____
Bank Statements	_____ _____
Birth certificates	_____ _____
Cancelled checks	_____ _____
Death certificates	_____ _____
Deeds (property)	_____ _____
Divorce decrees	_____ _____
Insurance policies:	_____ _____
Life	_____

Health/Accident

Homeowners

Auto

Other

Leases

Marriage certificate

Mortgage papers

Securities – stocks and bonds

Social Security Nos.

Tax returns

Titles (auto, homeowners title policy, etc.)

Wills

Other Important Papers (Describe)
