

ESTATE AND DISABILITY PLANNING QUESTIONNAIRE
(SINGLE)

I.
PERSONAL AND FAMILY DATA

A. Personal Data

#1

(First) (Middle) (Other) (Last)

Date of Birth: _____ Place of Birth: _____

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

Home Address: _____

Telephones: _____

Email at home: _____

How long have you lived in Texas? _____

_____ 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

Employer: _____

Position: _____

Address: _____

Telephones: _____ Email Address, Office: _____

Fax: _____

C. Children, 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)

Parents:

Names: _____

Addresses: _____

Telephone, Home: _____ Telephone, Work: _____

Email, Home: _____ Email, Work: _____

Fax, Home: _____ Fax, Work: _____

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: _____

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:

If you have already provided contact information above, just indicate that – you do not have to repeat that information.

A.1 Will

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 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 Living Will/Advanced Directive –Directive to Physicians

Do you want one? Yes: No:

Out-of-Hospital DNR – These are available only IF your doctor has diagnosed you as being terminal essentially

Do you want one? Yes: No:

A.4 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 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 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 Do you wish to Register with Living Bank to be an Organ or Tissue Donor?

Yes No

**III.
DISPOSITION OF PROPERTY**

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

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

**IV.
FINANCIAL DATA**

Please indicate the manner in which bank accounts, deposit certificates, and securities are held or registered. Possibilities include: (1) your name alone, (2) you as a joint tenant with right of survivorship with someone else, (3) you, followed by “payable on death to” someone else, and (4) you, “in trust for” 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 (\$10,000 per donee per donor each calendar year for 2001 and years before that and \$11,000 for 2002, and \$12,000 for 2006 through 2008, \$13,000 in 2009). If so please list those gifts and provide copies of any gift tax returns that were filed.

C. Income Amount Give salary and unearned income sources

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.

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

6. Safety Deposit Box. You should keep your original documents in either a safety deposit box or a fire proof box. As a convenience to you – and just as a convenience – you may keep your originals in our firm’s safety deposit box, and it costs \$30 a year (non-prorated).

Bank: _____
Address: _____
In whose name(s) listed? _____
Location of key: _____

7. Pets. Do you have a pet or pets and, if so, want to provide specifically for them rather than letting your family and/friends decide informally what to do with the pet(s)? If you want to be more formal and include something in your Will about your wishes, then tell us and we will send you information about caring and providing for pets which you can review. After that review, you can provide us with instructions about the pet(s).

_____ Please send me information about pets.

D. Please indicate the location of the following documents:

<u>Document</u>	<u>Location</u>
Adoption papers	_____
Bankbooks (and if you bank online, where do you keep your password?)	_____ _____ _____
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) – Be sure to leave a list of all passwords in a safe place, like your safety deposit box.

to complete please