

# REGAN LAW FIRM, PLLC

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## Estate Planning Questionnaire

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 names of both spouses** (as you will sign your wills)

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

2. **Address**

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

Has either of you ever lived in any state other than Texas?

Other States

Date you moved to Texas

Husband \_\_\_\_\_

Wife \_\_\_\_\_

3. **Phone Numbers**

a. Home \_\_\_\_\_

b. Fax \_\_\_\_\_

Social Security Numbers (optional)

a. His \_\_\_\_\_

b. Hers \_\_\_\_\_

Email addresses: \_\_\_\_\_

4. **Birthdates:** His \_\_\_\_\_ Hers \_\_\_\_\_  
**Country of Citizenship:** His \_\_\_\_\_ Hers \_\_\_\_\_

5.                      **Occupation**                      **Work Phone**                      **Yearly Income**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Family-owned Business Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

EIN \_\_\_\_\_

6.    **Marital History**

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

      Date & state of marriage: \_\_\_\_\_

b.    Widowed?

•      **Him**

Yes \_\_\_\_ No \_\_\_\_

Name of deceased spouse \_\_\_\_\_

•      **Her**

Yes \_\_\_\_ No \_\_\_\_

Name of deceased spouse \_\_\_\_\_

c.    Divorced Prior to Current Marriage?

•      **Him**

Yes \_\_\_\_ No \_\_\_\_

Name of ex-spouse \_\_\_\_\_

•      **Her**

Yes \_\_\_\_ No \_\_\_\_

Name of ex-spouse \_\_\_\_\_

7. **Children & Grandchildren** (please include any who are deceased, indicate if adopted)

a. Children of this marriage                      Birthdate                      State of Residence

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

b. His children of previous marriage                      Birthdate                      State of Residence

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

c. Her children of previous marriage                      Birthdate                      State of Residence

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

d. Grandchildren                      Birthdate                      State of Residence                      Parent's Name

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

e. 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	Approx. 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	Primary 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.** Describe any trusts created by you, by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, submit a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it.

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

- h. **Anticipated Inheritance**  
Name of Person Who May Leave You Something

Relationship  
Rough Estimate of Amount

- i. **Business Interests**  
Ownership Arrangement (partnership/S-corp., etc.)

Approx. Value

Number of Employees

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person?

j. **Automobiles & Vehicles** (including boats & trailers)

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

k. Do you consider any of these assets to be separate property?

_____
_____
_____

l. Powers of Appointment (Powers of Guardianship, Power of Attorney you hold for someone else)

_____
_____
_____

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

	Description	Amount
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a. Consumer Debts

_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Business Debts

_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Guarantees/Co-sign

_____	_____	_____
_____	_____	_____
_____	_____	_____

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?

1. Husband:

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

2. Wife:

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

- 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?

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- d. Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

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- e. In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance or resumption by your spouse of his or her vocation or profession?

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**SPECIFIC DISTRIBUTIONS:** (Only if you want to leave a specific dollar amount or specific property to a specific person or charity *before* any other distributions):

**OTHER DISTRIBUTIONS:** Tangible personal property (household goods, motor vehicles, furniture, art, jewelry, collections, etc.) to:

☐ Surviving children ☐ Other:

Remaining property:

☐ To my children, equally, and outright, not held in trust

☐ Lifetime trust for each child (which *protects* the trust assets from a child's creditors, divorce, estate taxes, etc.)

☐ Trust for each child until child reaches the age of:

Guidelines for the trustee: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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What if a beneficiary predeceases you?

☐ To the beneficiary's descendants ☐ Divide equally among my remaining (living) beneficiaries

## 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 or family member or close personal friend 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 should 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.

His

a. Executor

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hers

a. Executor

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Guardian and Trustee for minor children    b. Guardian and Trustee for minor children

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

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

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

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 financial 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. Spouses often name each other as their primary agents.

His

Primary Agent

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Hers

Primary Agent

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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.

His

Primary

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Hers

Primary

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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.

His

Guardian for Financial Purposes:

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

Alternates: \_\_\_\_\_

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

Guardian for Health Care Purposes:

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

Alternates: \_\_\_\_\_

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

Persons you wish to exclude:

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

Hers

Guardian for Financial Purposes:

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

Alternates: \_\_\_\_\_

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

Guardian for Health Care Purposes:

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

Alternates: \_\_\_\_\_

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

Persons you wish to exclude:

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