
ESTATE PLANNING - MARRIED - QUESTIONNAIRE

Full Name (Husband): _____ email: _____

(Wife) _____ email: _____

Home Address: _____

Home Phone: _____ Fax/Pager/Mobile _____

Employer (Husband): _____ Work Phone: _____

Fax: _____

(Wife) _____ Work Phone: _____

Fax: _____

SS No. (Husband): _____ D.O.B.: _____

(Wife) _____ D.O.B.: _____

Date of Marriage: _____

Date of Texas Residence Established: _____ Both U.S. Citizen: Y/N

CHILDREN:

	Name	Address	Date of Birth	Child By Previous Marriage?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Do you currently have any of the following? Will Durable Power of Attorney
 Health Care Power of Attorney Directive to Physician's (Living Will)

I. REAL ESTATE: Current Value:
PLEASE BRING A COPY OF THE WARRANTY DEED ON EACH PIECE OF PROPERTY

1. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

2. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

3. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

II. LIFE INSURANCE & ANNUITIES Cash Value Death Benefit

On Life of Husband:

1. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

2. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

3. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

4. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

5. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

On Life of Wife:	Cash Value	Death Benefit
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1. Insurance Co. _____	_____	_____
Type (circle) Term, Whole Life, Universal or Variable Life		

Primary Beneficiary _____

Contingent Beneficiary _____

2. Insurance Co. _____	_____	_____
Type (circle) Term, Whole Life, Universal or Variable Life		

Primary Beneficiary _____

Contingent Beneficiary _____

3. Insurance Co. _____	_____	_____
Type (circle) Term, Whole Life, Universal or Variable Life		

Primary Beneficiary _____

Contingent Beneficiary _____

4. Insurance Co. _____	_____	_____
Type (circle) Term, Whole Life, Universal or Variable Life		

Primary Beneficiary _____

Contingent Beneficiary _____

5. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____
Primary Beneficiary _____
Contingent Beneficiary _____

III. TAX DEFERRED ASSETS

In Name of Husband: Current Value:

1. 401K _____
Primary Beneficiary _____
Contingent Beneficiary _____

2. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____

3. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____

4. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____

In Name of Wife: Current Value:

1. 401K _____
Primary Beneficiary _____
Contingent Beneficiary _____

2. IRA _____
Primary Beneficiary _____

- Contingent Beneficiary _____
3. IRA _____
- Primary Beneficiary _____
- Contingent Beneficiary _____
4. IRA _____
- Primary Beneficiary _____
- Contingent Beneficiary _____

IV BANK ACCOUNTS

	Name of Bank	Acct. type (CD checking, saving)	Name on Account	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

V. INVESTMENT ASSETS (Brokerage Acct., Stocks, Bonds, Mutual Funds, CD's, etc.)

	Name of Company or Fund	Type Of Investment	Names as shown on Cert. or Acct.	Current Value
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

VI. BUSINESSES

1. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____%
 Is there a current Buy-Sell Agreement _____

2. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____%
 Is there a current Buy-Sell Agreement _____

VII. TANGIBLE PERSONAL PROPERTY

Approximate Value of Vehicles _____

Approximate Value of Household Furnishings and Personal Belongings _____

VIII. ADVISORS

1. Who is your tax advisor or CPA (if any) ?
 Name: _____
 Phone: _____

2. Who is your primary financial advisor (if any) ?
 Name: _____
 Phone: _____

IX. OTHER

Do you have a Pre-Need Funeral or Burial Plan? _____

Do you own a cemetery lot? _____

Do you have Long Term Care Insurance? _____

X. BENEFICIARIES

1. Name and relationship of Beneficiary of Will if spouse survives you.

a. Beneficiary of Husband if Wife is surviving: _____

b. Beneficiary of Wife if Husband is surviving: _____

2. Name and relationship of Beneficiary of Will if both husband and wife are deceased, but your children survive you.

3. Name and relationship of Beneficiary of Will if no spouse or children are surviving.

XI. EXECUTOR (Person responsible for handling your estate.)

Husband's Will:

If spouse survives you.

	Name	Address	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If spouse not surviving.

- 1. _____
- 2. _____
- 3. _____

Wife's Will:

If spouse survives you.

- 1. _____
- 2. _____
- 3. _____

If spouse not surviving.

- 1. _____
- 2. _____
- 3. _____

XII. GUARDIAN (If you have minor children and neither parent is alive. Only married couples can serve jointly.)

- 1. _____
- 2. _____
- 3. _____

XIII. OTHER INFORMATION
