

**BASIC ESTATE PLAN PACKET:
WILL & ASSOCIATED DIRECTIVES
QUESTIONNAIRE**



901 N.E. Loop 410 - Suite 800
San Antonio, Texas 78209
Tel: (210) 832-8064
Fax: (210) 598-7227

I.
PERSONAL INFORMATION

1. PERSONAL

Husband's Name: _____
 (First) (Middle) (Last)

Wife's Name: _____
 (First) (Middle) (Last)

Address: _____

Home Phone: _____

	Husband	Wife
Cell Phone		
Email Address		

II.
CHILDREN

(If any child listed below is not a child of your present marriage, please place an asterisk beside that child's name. Please indicate if any of your children are adopted. Please add an additional sheet of paper if more space is needed.)

	First Child	Second Child
Name		
Address		
Telephone		
Social Security No.		
Date of Birth		
Spouse's Name		
Children's Names and Dates of Birth		

	Third Child	Fourth Child
Name		
Address		
Telephone		
Social Security No.		
Date of Birth		
Spouse's Name		
Children's Names and Dates of Birth		

III.

ESTATE PLANNING OBJECTIVES AND CONSIDERATIONS

<p>1. Briefly describe your estate planning objectives? (Help children, provide for my current spouse while leaving something for children from a prior relationship, make charitable gifts, etc.)</p>		
--	--	--

<p>2. Does each spouse intend to create a “mirror image” Will whereby the first spouse to pass leaves everything to the surviving spouse based on an agreement that–after the surviving spouse’s death–the property of both spouses will be distributed to a common set of beneficiaries according to a common plan (i.e. a contractual Will)?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>3. Is there any chance you might have more children?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>4. Is there any reason to treat your children (or grandchildren) other than equally</p>	<p>Y / N</p>	<p>Y / N</p>
<p>5. Have you ever given a gift of over \$14,000 to a single individual in any year?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>6. Have you ever filed a gift tax return?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>7. Have you ever signed a pre-nuptial or post-nuptial property agreement?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>8. Do you own any real estate located outside of Texas?</p>	<p>Y / N</p>	<p>Y / N</p>
<p>9. Is there any else that you believe is important for the attorney to know in order to carry out your wishes?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

*continued from previous page.		

IV.
FIDUCIARY APPOINTMENTS

A. EXECUTORS:

Executor: This is the person you wish to appoint to carry out the directions and requests in your Will. This will normally be your spouse, close family member, trusted friend, or professional entity (e.g. Bank). Your Executor has the responsibility to file your Will for probate; collect assets and pay all claims, expenses and taxes; distribute your property to your heirs; and in general to wind up your affairs.

	Husband's Will	Wife's Will
Executor's Name		
Address		
Telephone		
Relationship to You		

	Husband's Will	Wife's Will
1 st Alternate's Name		
Address		
Telephone		
Relationship to You		

	Husband's Will	Wife's Will
2 nd Alternate's Name		
Address		
Telephone		
Relationship to You		

	Husband	Wife
Compensation: Do you want you Executor to receive compensation (beyond reimbursement for reasonable expenses) that will be paid from your estate?	Y / N	Y / N
Bond: Do you want your Executor to serve without posting a bond?	Y / N	Y / N
Estate Administration: Do you want your Executor to administer your estate under a "dependent" or "independent" administration? (a) A dependent administration requires maximum oversight by the court. Nearly every decision requires court approval. A dependent administration involves more time and cost. (b) An independent administration requires minimum oversight by the court. Most decisions are made without court approval. An independent administration involves less time and cost.	Dependent / Independent	Dependent / Independent

B. DISPOSITION OF REMAINS

These are the primary and alternate persons you designate to carry out your wishes for disposition of your remains. Normally, these persons are the same as your Executors. Check below if you wish to appoint the same persons, or fill in the information below if other persons will be appointed.

Use the same primary and alternate persons as listed under “Executors.”

	Husband’s Will	Wife’s Will
Primary Designee		
Address		
Telephone		
Relationship to You		

	Husband’s Will	Wife’s Will
1 st Alternate Designee		
Address		
Telephone		
Relationship to You		

	Husband’s Will	Wife’s Will
2 ^d Alternate Designee		
Address		
Telephone		
Relationship to You		

1. Husband’s Disposition instructions. Please describe the manner (e.g. cremation, burial, etc.) and location you desire for final disposition of your remains.

PRIMARY RESIDUARY BEQUESTS:

After your specific requests are made, the remainder of your estate will be distributed to the person(s) named below according to the percentages listed.

- Leave everything to my spouse
- Leave everything to my children in equal shares
- Other (see below):

<u>Primary Beneficiary</u>	<u>Percentage</u>	<u>Alternate Beneficiary</u> <i>(in event the primary beneficiary predeceases you)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total of Percentages (must = 100)	_____	

CONTINGENT RESIDUARY BENEFICIARIES: *(In the event you are not survived by any primary/alternate residuary beneficiaries named above)*

- Heirs at law
- Charity
- Other: _____
- _____
- _____
- _____

PRIMARY RESIDUARY BEQUESTS:

After your specific requests are made, the remainder of your estate will be distributed to the person(s) named below according to the percentages listed.

- Leave everything to my spouse
- Leave everything to my children in equal shares
- Other (see below):

<u>Primary Beneficiary</u>	<u>Percentage</u>	<u>Alternate Beneficiary</u> <i>(in event the primary beneficiary predeceases you)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total of Percentages (must = 100)	_____	

CONTINGENT RESIDUARY BENEFICIARIES: *(In the event you are not survived by any primary/alternate residuary beneficiaries named above)*

- Heirs at law
- Charity
- Other: _____
- _____
- _____
- _____

VII.
ANCILLARY ESTATE PLANNING INSTRUMENTS

Agent: a power of attorney confers upon an agent the authority to perform certain specified acts on behalf of a principal. Depending on the acts to be performed, this appointment will normally be your spouse, followed by a close family member or personal friend.

A. STATUTORY DURABLE POWER OF ATTORNEY

The Texas Legislature adopted the Uniform Durable Power of Attorney Act in 1993. The act provides a statutory form by which you may designate an agent, or attorney-in -fact, which will have the authority to act on your behalf with respect to your financial affairs and property. In the event you become disabled or otherwise unable to act for yourself, your agent will be able to transfer property, convey title, etc. The document affords protection to, and is often required by, third parties such as banks and title companies.

HUSBAND'S AGENT:

Primary: Name: _____
Address: _____
Phone: _____
Relationship: _____

1ST Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

2ND Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

WIFE'S AGENT:

Primary: Name: _____
Address: _____
Phone: _____
Relationship: _____

1ST Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

2ND Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

B. MEDICAL POWER OF ATTORNEY

This document grants your agent the power to make health care decisions for you ONLY IF YOU ARE UNABLE TO MAKE DECISIONS FOR YOURSELF. Your agent will have the authority to make a broad range of decisions concerning your medical treatment but only if your physician has certified that you lack the capacity to make such decisions yourself.

Same as Statutory Durable Power of Attorney

HUSBAND'S AGENT:

Primary: Name: _____
Address: _____
Phone: _____
Relationship: _____

1ST Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

2ND Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

WIFE'S AGENT:

Primary: Name: _____
Address: _____
Phone: _____
Relationship: _____

1ST Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

2ND Alternate: Name: _____
Address: _____
Phone: _____
Relationship: _____

C. DIRECTIVE TO PHYSICIANS

Unlike the medical power of attorney, the directive to physician allows a client to leave instructions regarding the termination or non-application of life-sustaining measures in the event he or she suffers from a terminal or irreversible condition. The statements below were copied from the Statutory Directive to Physicians and are provided only for educational purposes, to help you decide if you wish to include this Directive in your estate plan. Actual elections will be made by the client later during Will execution. After reviewing the information below, please indicate if you wish to include a Directive to Physicians in your estate plan.

Do you wish to include a Directive to Physicians in your estate plan? Husband: Y / N Wife: Y / N

TERMINAL CONDITION	
If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:	<p style="text-align: center;"><i>THE CHECK-BOXES BELOW ARE NOT AN ELECTION — THEY ARE PRESENTED FOR EDUCATIONAL PURPOSES ONLY</i></p> <p>_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR</p> <p>_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)</p>

IRREVERSIBLE CONDITION

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

THE CHECK-BOXES BELOW ARE NOT AN ELECTION —THEY ARE PRESENTED FOR EDUCATIONAL PURPOSES ONLY

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

ADDITIONAL REQUESTS

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

THE LINES BELOW ARE NOT AN ELECTION —THEY ARE PRESENTED FOR EDUCATIONAL PURPOSES ONLY

D. GUARDIAN(S) OF MINOR CHILDREN

Guardian: a guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person, and managing the property and rights of another person, who, for defect of age, understanding, or self-control, is considered incapable of administering his own affairs.

Your spouse is the natural guardian of minor children born or adopted from your marriage if your spouse survives you. Listed below are the persons you wish the court to appoint as guardian of minor children in the event you are the last spouse to die. Note that it is possible for you to express to the court persons you wish to serve—and not serve (“disqualify”)—as guardian.

1. Name (Primary): _____
Address: _____
Phone: _____
Soc. Sec. _____
Relationship: _____

2. Name (1st Alternate): _____
Address: _____
Phone: _____
Soc. Sec. _____
Relationship: _____

3. Name (2nd Alternate): _____
Address: _____
Phone: _____
Soc. Sec. _____
Relationship: _____

4. Is there any reason that a person listed above might be qualified to provide loving care for your children personally, yet not possess adequate knowledge or skill to manage their property and financial affairs (to include property and money a child may inherit from you or others)? Y / N

5. Are there any persons you wish to specifically disqualify from services as guardian of your minor children? Y / N If yes, list name(s):

E. GUARDIAN(S) OF SELF

Your spouse is the natural guardian of you if you are determined by a court to be incapacitated during life. Listed below are the persons you wish the court to appoint as your guardian in the event your spouse predeceases you and you are determined by a court to be incapacitated during life. Note that it is possible for you to express to the court persons you wish to serve—and not serve (“disqualify”)—as guardian.

	Husband	Wife
Primary Guardian		
Address		
Telephone		
Relationship to You		

	Husband	Wife
1 st Alternate Guardian		
Address		
Telephone		
Relationship to You		

	Husband	Wife
2 nd Alternate Guardian		
Address		
Telephone		
Relationship to You		

	Husband	Wife
Is there any reason that a person listed above might be qualified to provide loving care for you personally, yet not possess adequate knowledge or skill to manage your property and financial affairs?	Y / N	Y / N
Are there any persons you wish to specifically disqualify from services as guardian of yourself in the event you become incapacitated?	Y / N If yes, list name(s): _____ _____ _____ _____ _____	Y / N If yes, list name(s): _____ _____ _____ _____ _____

Thank you for providing this information to get us started in helping you. Additional information may be required. The attorney will let you know after discussing your objectives.