



Gordon & Sykes, LLP

Attorneys at Law

1320 S. University Dr., Ste. 806
Fort Worth, Texas 76107
817.338.0724
817.338.0769 fax

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

Please complete this form to the best of your ability and return it to me with the documents listed below, if relevant. If you are uncertain as to how to respond to a particular question, simply note that fact. All of your answers will be reviewed and we will have the opportunity to discuss any questions before signing your will. We look forward to working with you to help you achieve your estate planning goals.

Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the questionnaire should still be completed to the extent possible. Any information you provide will be confidential and used solely for the purpose of provided legal services to you. Provided, however, in the event that we are doing estate planning for both spouses, any information you give us may be shared with your spouse unless you specifically instruct us to keep the information confidential from your spouse. In this event, we will discuss the matter with you further and we may be required to decline representation of either one or both spouses.

TABLE OF CONTENTS

- I. Documents to Return with this Questionnaire
- II. General Information
 - Self
 - Spouse (if applicable)
 - Children of Self (if applicable)
 - Children of Spouse (if applicable)
 - Additional Information Regarding Children
- III. Financial Information
 - Assets
 - Supplemental Retirement Plan Information
 - Supplemental Life Insurance Information
 - Liabilities
 - Net Worth
- IV. Distribution of Your Estate
 - Your Distribution Requests
 - Spouse's Distribution Requests (if applicable)
 - Trusts
- V. Fiduciaries
- VI. Other Relevant Matters/ Comments/ Questions

I. DOCUMENTS TO RETURN WITH THIS QUESTIONNAIRE

Please check documents that are relevant to either you and/or your spouse, if applicable, and provide us with a copy, **if possible**:

- | | <u>Self</u> | <u>Spouse</u> | |
|----|-------------|---------------|---|
| 1. | ___ | ___ | Any existing wills or trusts, including "Living Wills" or "Living Trusts." |
| 2. | ___ | ___ | All Federal gift tax returns you have filed or information regarding gifts made (outright or in trust) exceeding \$13,000 per year to any person. |
| 3. | ___ | ___ | Any divorce decree or marital agreement to which you are a party. |
| 4. | ___ | ___ | Any will or trust created by someone else under which you are a beneficiary or have a power of appointment. |
| 5. | ___ | ___ | Any buy-sell agreement, partnership agreement, LLC company agreement, shareholder agreement, stock option plan, salary continuation plan or other deferred compensation plan (other than qualified plans) to which you are a party, including beneficiary designations. |
| 6. | ___ | ___ | Powers of Attorney for management of property or health care. |
| 7. | ___ | ___ | Ownership and beneficiary designations for life insurance policies, and beneficiary designations for IRAs and qualified plans (pension, 401(k) & profit-sharing). |
| 8. | ___ | ___ | Ownership and beneficiary designations of any bank accounts, annuities, certificates of deposit or stock brokerage accounts. |
| 9. | ___ | ___ | Any deed to property owned by you located outside the State of Texas. |

II. GENERAL INFORMATION

A. Self

Name (First, Middle, Last)	
Other Names Used	
Home Address	
County of Residence	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	
Email Address	
Date of Birth/ Age	
Occupation/ Employer	
Do you have any physical or mental disabilities?	
Marital Status (include current and prior)	

B. Spouse (if applicable)

Name (First, Middle, Last)	
Other Names Used	
Home Address	
County of Residence	
Home Phone Number	
Work Phone Number	
Mobile Phone Number	
Email Address	
Date of Birth/ Age	
Occupation/ Employer	

Do you have any physical or mental disabilities?	
Marital Status (include current and prior)	

C. Children - Self (if applicable)

Name(s)	Age	Is This a Child of <u>Current</u> or <u>Prior</u> Marriage?	Is this Child Disabled? <u>Yes</u> or <u>No</u>
None			

D. Children - Spouse (if applicable) (Please list, even if already listed in C above)

Name(s)	Age	Is This a Child of <u>Current</u> or <u>Prior</u> Marriage?	Is this Child Disabled? <u>Yes</u> or <u>No</u>

E. Additional General Information

1. ____ Please furnish details for children with any special needs or disabilities.

2. ____ If you or your children have adopted or do adopt a child, should the adopted child be treated the same as a natural child?
--

3. ____ If any children have creditor problems, problems managing finances or marital issues that could affect their receiving property outright? If so, please describe.

4. ____ Do you or your spouse expect a significant inheritance? If so, please describe.

III. FINANCIAL INFORMATION

A. Assets Please estimate current values of assets. Write the value of the asset in the column that correctly classifies the property as either “Separate” or “Community”. (Separate Property includes all property acquired before marriage or property acquired during marriage by gift, inheritance or marital property agreement. Community property is all property that is not separate property.) If you prefer, you may attach a personal financial statement.

	<u>Community Property Value (\$)</u>	<u>Your Separate Property Value (\$)</u>	<u>Spouse’s Separate Property Value (\$)</u>
Residence			
Second Home			
Investment Real Estate and/or Mineral Interests in Texas			
Investment Real Estate and/or Mineral Interests Outside of Texas			
Cash, Bank Accounts, Certificates of Deposit			
Bonds and Bond Funds			
Stocks and Mutual Funds			
Partnerships			
Professions or Business in which you are active			
Retirement Plans (and IRAs) (See supplemental request on next page)			
Annuities			

Life Insurance (See supplemental request on next page)			
Interests in Estates or Trusts			
Other Personal Property (household goods, jewelry, cars, collections, i.e. artwork, etc.)			
SUB-TOTALS			

TOTAL ASSETS \$ _____

B. Retirement Plan Information

	Participant	Present Value	Beneficiary	Alternate Beneficiary
IRAs				
Keogh				
Pension				
Profit Sharing				

C. Life Insurance Information

Policy Owner	Company and Policy Number	Insured	Death Benefit Amount	Beneficiary and Alternate Beneficiary

D. Liabilities

	Brief Description of Collateral	Estimate of Total \$ Amount of Liability
Debts secured by mortgage on real estate		
Other debts secured by lien on personal property (i.e. auto loan, etc.)		
Unsecured debts (i.e. credit card, etc.)	No description needed	
Guarantees		

TOTAL LIABILITIES \$ _____

_____ Do you or your spouse expect a significant inheritance? If so, how much?

NET WORTH (Total Assets minus Total Liabilities) \$ _____

IV. DISTRIBUTION OF YOUR ESTATE

A. Distribution Bequests - Self

How do you want your estate distributed (please check any descriptions that apply and answer specific questions):

Specific Bequests:

_____ I am financially responsible for someone other than my spouse and children and want to leave them a gift. Please describe:

_____ I want to make specific gifts of real and/ or personal property to a specific person(s). Please describe:

_____ I want to make specific gifts of money to a specific person(s). Please describe:

_____ I want to make gifts to charity(s). Please describe:

Gifts To My Spouse:

_____ I want to leave all of my estate to my surviving spouse. Provide name:

_____ I want to leave part of my estate to my spouse. Provide name and please describe:

Gifts To My Children:

_____ I want to leave all of my estate to my children. Provide name(s):

_____ I want to leave part of my estate to my children. Please describe:

_____ I want to leave all of my estate to my children after my spouse dies or upon my death if my spouse predeceases me. Provide name(s):

Gifts To Others

<p>_____ If you, your spouse and none of your issue (lineal descendants) survive, to whom do you want your assets to pass?</p> <p>_____ All of my estate to persons other than my spouse or children. Please describe:</p>
--

B. Spouse's Distribution Requests (if applicable)

How do you want your estate distributed (please check any descriptions that apply and answer specific questions as applicable):

Specific Bequests:

<p>_____ I am financially responsible for someone other than my spouse and children and want to leave them a gift. Please describe:</p> <p>_____ I want to make specific gifts of real and/ or personal property to a specific person(s). Please describe:</p> <p>_____ I want to make specific gifts of money to a specific person(s). Please describe:</p> <p>_____ I want to make gifts to charity(s). Please describe:</p>
--

Gifts To My Spouse:

<p>_____ I want to leave all of my estate to my surviving spouse. Provide name:</p> <p>_____ I want to leave part of my estate to my spouse. Provide name and please describe:</p>
--

Gifts To My Children:

<p>_____ I want to leave all of my estate to my children. Provide name(s):</p> <p>_____ I want to leave part of my estate to my children. Please describe:</p> <p>_____ I want to leave all of my estate to my children after my spouse dies or upon my death if my spouse predeceases me. Provide name(s):</p>

Gifts To Others

<p>_____ If you, your spouse and none of your issue (lineal descendants) survive, to whom do you want your assets to pass?</p> <p>_____ All of my estate to persons other than my spouse or children. Please describe:</p>
--

C. Trusts

We recommend the use of trusts in certain situations, for example:

- Gifts to minors.
- Gifts to a surviving spouse with bypass trust to minimize federal estate taxes
- Gifts to incapacitated persons.
- Gifts to protect assets of beneficiaries from their creditors or a former spouse upon divorce.
- Gifts to persons with special needs who may be entitled to receive governmental benefits.
- Gifts involving “blended” Families.
- Generation skipping transfers.
- International estate planning
- Disability planning
- Life Insurance Trusts
- Will contest avoidance
- Miller Trusts

Specific Questions Related to Trusts

- | | |
|---------|---|
| 1. ____ | Does either spouse want to control the way his or her assets pass after the other spouse dies (as opposed to giving the other spouse such control)? |
| 2. ____ | If a trust is established for the surviving spouse, to what extent should he or she be permitted to invade the principal? |

3. _____ Do you want assets passing to your children or grandchildren to be held in trust until a specific age? If so, what ages should the trust require distributions of income or principal to your children and grandchildren? (The Trustee can be given discretion to make such distribution prior to such ages, and all beneficiaries need not be treated the same.)

An example is to provide for the health, support, education and maintenance of a child or grandchild for the term of the trust and to distribute 1/3 of the estate to child at age 21, 1/3 at age 25 and 1/3 at age 30.

A second example would be to provide for the health, support, education and maintenance of a child or grandchild for the term of the trust and to distribute 1/2 at age 25 and 1/2 at age 30.

You can also hold the property in Trust for a child's lifetime for a child who has disabilities or credit issues.

_____ Please provide the name of the child/ grandchild and how you want your assets to be distributed:

4. _____ If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?

V. FIDUCIARIES

A. Guardian of Minor Child

_____ If a child is under 18 when both spouses die, who do you want to raise such child? Please state the name of the person you choose and alternates to that person:

Guardian:

First Alternate Guardian:

Second Alternate Guardian:

B. Executors

_____ I want the Executors of my estate to be as follows (please state the name of the person you choose and alternates to that person):

Executor(rix): -

First Alternate Executor(rix):

Second Alternate Executor(rix):

_____ My spouse wants to name the same individuals, or

_____ My spouse wants to name the following Executors:

Executor(rix):

First Alternate Executor(rix):

Second Alternate Executor(rix):

C. Trustee

<input type="checkbox"/>	<p>I want the Trustee of any Trusts created under my will to be as follows (please state the name of the person you choose and alternates to that person):</p> <p>Trustee: -</p> <p>First Alternate Trustee:</p> <p>Second Alternate Trustee:</p>
<input type="checkbox"/>	<p>My spouse wants to name the same individuals, or</p>
<input type="checkbox"/>	<p>My spouse wants to name the following Trustee:</p> <p>Trustee:</p> <p>First Alternate Trustee:</p> <p>Second Alternate Trustee:</p>

D. Powers of Attorney

1. Self. I choose the Agents under my Powers of Attorney to be as follows:

Health Care Power of Attorney (medical decisions)	
First Alternate Address Phone Number	
Second Alternate Address Phone Number	
Statutory Durable Power of Attorney (financial decisions)	
First Alternate Address Phone Number	
Second Alternate Address Phone Number	

2. Spouse. I choose the Agents under my Powers of Attorney to be as follows:

Health Care Power of Attorney (medical decisions)	
First Alternate Address Phone Number	
Second Alternate Address Phone Number	
Statutory Durable Power of Attorney (financial decisions)	
First Alternate Address Phone Number	
Second Alternate Address Phone Number	

VI. Other Relevant Matters / Comments / Questions