

Individual's Estate Planning Questionnaire

Privileged and Confidential

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Section I. *Contact Information*

Name: _____

Full Name (including Maiden if applicable)

Home Address: _____

County of Residence: _____ Preferred Email: _____

Home Phone: _____ Cell: _____

Date Established Residence in Texas: _____ US Citizen? _____

Employer: _____ Business Phone: _____

Business Address: _____

Marital Status: _____ Year Married: _____

Do you have a Will? _____ *(if so, please attach a copy)*

Are you the trustee or beneficiary of any trusts? _____

Section II. *Marriage*

Please list all marriages.

Spouse's Full Name	Date of Marriage	Date of Termination (if applicable)
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Section III. *Children*

Name (Print Full Name)	Date of Birth
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Section IV. *Fiduciaries*

Last Will and Testament

Executor: _____ Relationship: _____

Address: _____

Second Choice Executor: _____ Relationship: _____

Address: _____

Third Choice Executor: _____ Relationship: _____

Address: _____

Trustee: _____ Relationship: _____

Address: _____

Trustee: _____ Relationship: _____

Address: _____

Second Choice Trustee: _____ Relationship: _____

Address: _____

Third Choice Trustee: _____ Relationship: _____

Address: _____

Guardian of Minor Children: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice Guardian: _____ Relationship: _____

Address: _____

Third Choice Guardian: _____ Relationship: _____

Address: _____

Statutory Durable Power of Attorney

Gives the named person broad power and authority to deal with your property.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Medical Power of Attorney and Directive to Physicians

Person named has the authority to make health care decisions for you if you are incapacitated and unable to make the decisions for yourself.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Declaration of Guardian

Gives the named person authority to manage your assets and be in charge of your personal well being should you ever need a court appointed guardian.

First Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Second Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Third Choice: _____

Relationship: _____ Phone Number: _____

Address: _____

Section V. *Prior Taxable Transfers*

List all gifts made by you during your lifetime in excess of annual gift tax exclusion.

Party to whom gift was made	Date	Value at time of transfer
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Section VI. *Gross Taxable Estate*

Be prepared to discuss whether these are community property v. separate property.

TESTAMENTARY ASSETS

	Value	Debt/Liability
Bank Accounts	_____	
House	_____	_____
Real Property	_____	_____
Business Interests	_____	_____
Stocks	_____	
Bonds	_____	
Notes	_____	_____
Furniture/Personal Effects	_____	_____
Automobiles	_____	_____
	_____	_____
	_____	_____
Jewelry	_____	_____
Other	_____	_____
Total	_____	_____

Do you own property in another state? _____

If yes, where is it located? _____

Do you have a pet? _____

NON-TESTAMENTARY ASSETS

	Value	Debt/Liability
Life Insurance	_____	
Pension Benefits	_____	
Profit-Sharing Plan	_____	
Annuities	_____	
Jointly owned Property (with rights of survivorship)	_____	_____
Trust Assets	_____	
Powers of Appointment	_____	
Other	_____	_____
TOTAL	_____	_____

Section VII. Debt

(other than as listed above under liability)

Type	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Section VIII. List of Documents to Bring to the Meeting

- _____ Estate Planning Documents: wills, trusts, powers of attorney, health care powers, directive to physicians, designation of guardians, homestead designations.
- _____ Pre/Post-Nuptial Agreements
- _____ Partnership Agreements
- _____ Life Insurance/Disability Policies
- _____ Deeds to Real Estate