

**LEACH & FOX**  
**ATTORNEYS AT LAW, P.C.**

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\* BOARD CERTIFIED  
ESTATE PLANNING & PROBATE LAW  
TEXAS BOARD OF LEGAL SPECIALIZATION

**WILL AND ESTATE PLANNING  
QUESTIONNAIRE**

In response to your contact with our office regarding preparation of a Will and/or Estate Planning needs, enclosed please find a questionnaire in preparation for your appointment.

**Please take the time necessary to fill out all applicable portions of the questionnaire prior to coming in for your appointment.** The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. If there is other information that we need, we will cover that at our initial office consultation.

If we will be preparing Wills for you and your spouse, **both** spouses will need to attend the office conference so that we may discuss the various Estate Planning alternatives.

If you have small children, please make arrangement for childcare.

We appreciate the opportunity to be of service to you in this matter.

**Leach & Fox – Attorneys At Law, P.C.**

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Date \_\_\_\_\_

**ESTATE PLANNING INFORMATION SHEET**

Full Name (Husband): \_\_\_\_\_

(Wife) \_\_\_\_\_

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

\_\_\_\_\_

Home Ph: \_\_\_\_\_

Employer (Husband): \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Wife): \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

SS No. (Husband): \_\_\_\_\_ D.O.B. \_\_\_\_\_

(Wife): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date of Texas Residence Established: \_\_\_\_\_ Both U.S. Citizens: Y / N

CHILDREN: Full Legal Name and Address

1. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F
2. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F
3. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F
4. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F
5. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F
6. Name: _____ Address: _____ _____	Child by previous marriage? Y / N _____	Date of birth _____	Gender M/F

Information regarding any other person(s) who will be names in the Will:

1. Name:	_____	Gender
Address:	_____ _____	M / F
2. Name:	_____	Gender
Address:	_____ _____	M / F
3. Name:	_____	Gender
Address:	_____ _____	M / F
4. Name:	_____	Gender
Address:	_____ _____	M / F
5. Name:	_____	Gender
Address:	_____ _____	M / F
6. Name:	_____	Gender
Address:	_____ _____	M / F

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:**

*Please bring a copy of the Warranty Deed on each piece of property*

		Current Value:
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**

<b>On Life of Husband:</b>	Cash Value	Death Benefit
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

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. RETIREMENT ACCOUNTS

**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, savings)	Name on Account	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

**V. INVESTMENT ASSETS** (Brokerage Accts., Stocks, Bonds, Mutual Funds, Annuities, etc.)

Name of Company or Fund	Type of Investment	Names as shown on Cert/Acct.	Current Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____
10. _____	_____	_____	\$ _____

**VI. BUSINESSES**

- Name of business \_\_\_\_\_

Type (circle) Corporation, Partnership, Sole Proprietorship

Percentage Ownership \_\_\_\_\_%

Is there a current Buy-Sell Agreement \_\_\_\_\_
- 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? Y / N

Do you own a cemetery lot? Y / N

Do you have Long Term Care Insurance? Y / N

**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. GIFTS**

**History of Gifts:** (1) List all gifts made in excess of the annual gift exclusion (\$12,000.00 in 2007); and (2) list any transfers of life insurance ownership to other persons:

Date of Gift	Donor	Donee	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have either of you ever filed a gift tax return?      **Y / N**

	<b>Year</b>	<b>Return Attached?</b>
If yes, list years, and attach copies of all return.	_____	Y / N
	_____	Y / N
	_____	Y / N

**XII. EXECUTOR**

**Husband's Will:**

If spouse survives you.

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

If spouse not surviving.

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Wife's Will:**

If spouse survives you.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

If spouse not surviving.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**XIII. GUARDIAN** (If you have minor children and neither parent is alive)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**XIV. OTHER INFORMATION**

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