

TERRY R. LEACH \*

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\* BOARD CERTIFIED  
ESTATE PLANNING & PROBATE LAW  
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-SINGLE PERSON-  
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.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. ***We ask that you complete the questionnaire PRIOR TO YOUR APPOINTMENT. If not completed, a new appointment at an additional fee may be required for you to return with the necessary information.***

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

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Are you a US citizen?      Yes   No      If no, indicate citizenship: \_\_\_\_\_

Date of Texas Residence Established: \_\_\_\_\_

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 named in the Documents:

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*

- |    |   |                            |
|----|---|----------------------------|
| 1. | Address: _____<br>_____   | Current Value:<br>\$ _____ |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |
| 2. | Address: _____<br>_____   | \$ _____                   |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |
| 3. | Address: _____<br>_____   | \$ _____                   |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |

**II. LIFE INSURANCE**

- |    | 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 \_\_\_\_\_

**III. RETIREMENT ACCOUNTS**

Current Value:

1. 401K \_\_\_\_\_ \$ \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

2. IRA \_\_\_\_\_ \$ \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

3. 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.	_____	_____	_____	\$ _____

**V. INVESTMENT ASSETS (Brokerage Acct., 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**

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. OTHER**

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Do you have Long Term Insurance?  Yes  No

**VIII. ESTATE PLANNING**

1. What topics would you like to discuss at your appointment?

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2. Distributions

a. Briefly describe how you would like your estate to be distributed at your death.

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3. Appointments

a. Executor - Will

b. Agents for Medical Power of Attorney

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

c. Guardian of Minor Children  
(if applicable)

d. Agents for Durable Power of Attorney  
(Personal Business Matters)

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_