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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.

Today's Date: _____

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: _____
_____ | Current Value:
\$ _____ |
| | 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

- | | 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

Do you have Long Term Insurance? Yes No

VIII. ESTATE PLANNING

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

2. Distributions

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

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. _____