



AZ LAW FIRM

DOWNTOWN AUSTIN | SOUTH AUSTIN | KYLE | SAN MARCOS | PFLUGERVILLE

TELEPHONE: (512) 400-7070

FAX: (512) 532-7766

Couples Estate Planning Questionnaire

CLIENT'S FULL NAME: _____

SPOUSE FULL NAME: _____

CLIENT'S PRIMARY PHONE: _____

SPOUSE PRIMARY PHONE: _____

CLIENT'S PRIMARY EMAIL: _____

SPOUSE PRIMARY EMAIL:

PREFERRED METHOD OF CONTACT: _____

ADDRESS: _____

COUNTY: _____

CLIENT U.S. CITIZEN? YES NO: __ (PLACE OF CITIZENSHIP)

SPOUSE U.S. CITIZEN? YES NO: __ (PLACE OF CITIZENSHIP)

CLIENT OCCUPATION & EMPLOYER: _____

SPOUSE OCCUPATION & EMPLOYER: _____

CLIENT: ARE YOU LEGALLY BLIND OR DISABLED? YES NO IF YES, PLEASE EXPLAIN:

SPOUSE: ARE YOU LEGALLY BLIND OR DISABLED? YES NO IF YES, PLEASE EXPLAIN:

CLIENT: DO YOU HAVE ANY CHILDREN? [] Yes [] No

NAMES OF CHILDREN:	DATE OF BIRTH	LIVING?	LEGALLY BLIND?	DISABLED?	RECEIVING SOCIAL SECURITY?
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N

DO ANY OF YOUR CHILDREN HAVE ANY SPECIAL NEEDS? [] Yes [] No

IF YES, PLEASE EXPLAIN: _____

SPOUSE: DO YOU HAVE ANY CHILDREN? [] Yes [] No

NAMES OF CHILDREN:	DATE OF BIRTH	LIVING?	LEGALLY BLIND?	DISABLED?	RECEIVING SOCIAL SECURITY?
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N
	/ /	Y/N	Y/N	Y/N	Y/N

DO ANY OF YOUR CHILDREN HAVE ANY SPECIAL NEEDS? [] Yes [] No

IF YES, PLEASE EXPLAIN: _____

CLIENT'S GENERAL ESTATE PLAN:

GENERALLY, HOW WOULD YOU LIKE YOUR PROPERTY TO PASS TO AT YOUR DEATH? Please include their full name, address, and phone number.

WHO WOULD YOU LIKE TO RECEIVE YOUR PROPERTY AT YOUR DEATH? Please include their full name, address, and phone number.

IF THE PERSONS YOU NAMED ABOVE DO NOT SURVIVE YOU, THEN WHO WOULD YOU LIKE TO RECEIVE YOUR PROPERTY AT YOUR DEATH? (GENERALLY, A CHARITY OR YOUR HEIRS) Please include their full name, address, and phone number.

DO YOU WANT TO MAKE ANY SPECIFIC GIFTS TO ANYONE AT YOUR DEATH?

SPOUSE GENERAL ESTATE PLAN:

GENERALLY, HOW WOULD YOU LIKE YOUR PROPERTY TO PASS TO AT YOUR DEATH? Please include their full name, address, and phone number.

WHO WOULD YOU LIKE TO RECEIVE YOUR PROPERTY AT YOUR DEATH? Please include their full name, address, and phone number.

IF THE PERSONS YOU NAMED ABOVE DO NOT SURVIVE YOU, THEN WHO WOULD YOU LIKE TO RECEIVE YOUR PROPERTY AT YOUR DEATH? (GENERALLY, A CHARITY OR YOUR HEIRS) Please include their full name, address, and phone number.

DO YOU WANT TO MAKE ANY SPECIFIC GIFTS TO ANYONE AT YOUR DEATH?

CLIENT: EXECUTOR

Your executor should be someone you trust. An “Executor” is someone who will sort through your personal documents and will be in charge of the probate of your estate. Your executor will work with an attorney to file various legal and financial documents, including a detailed inventory and accounting of the assets in your estate.

Who would you like to serve as your Executor? (Please include their full name, address, and phone number.)

ALTERNATE

EXECUTORS: 1.

RELATIONSHIP TO YOU:

Cell Phone:

Address:

2.

RELATIONSHIP TO YOU:

Cell Phone:

Address:

SPOUSE: EXECUTOR

Your executor should be someone you trust. An “Executor” is someone who will sort through your personal documents and will be in charge of the probate of your estate. Your executor will work with an attorney to file various legal and financial documents, including a detailed inventory and accounting of the assets in your estate.

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ALTERNATE

EXECUTORS: 1.

RELATIONSHIP TO YOU:

Cell Phone:

Address:

2.

RELATIONSHIP TO YOU:

Cell Phone:

Address:

CLIENT : APPOINTMENT OF AGENT & TRUSTEE FOR MANAGEMENT OF FINANCIAL AFFAIRS

In the event you are incapacitated or unable to manage your finances for yourself, this person will manage your finances for you. This should be someone you trust to handle your money and financial affairs if you are unable to. This person will also manage any trusts created under your will for the benefit of you or your children.

WHO WOULD YOU LIKE TO MANAGE YOUR FINANCIAL AFFAIRS AND ANY TRUSTS CREATED UNDER YOU WILL WHEN YOU DIE? (Please include their full name, address, and phone number.)

ALTERNATE

AGENT/TRUSTEE: 1.

ADDRESS:

CELL

PHONE:

2.

ADDRESS:

CELL

PHONE:

SPOUSE : APPOINTMENT OF AGENT & TRUSTEE FOR MANAGEMENT OF FINANCIAL AFFAIRS

In the event you are incapacitated or unable to manage your finances for yourself, this person will manage your finances for you. This should be someone you trust to handle your money and financial affairs if you are unable to. This person will also manage any trusts created under your will for the benefit of you or your children.

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ALTERNATE

AGENT/TRUSTEE:

1. ADDRESS:

CELL PHONE:

2.

ADDRESS:

CELL

PHONE:

CLIENT: APPOINTMENT OF AGENT TO MAKE MEDICAL DECISIONS

In the event that you are unable to make medical decisions for yourself, this person will make medical decisions for you. This should be someone you trust to manage your health affairs and carry out your wishes.

WHO WOULD YOU LIKE TO MAKE YOUR MEDICAL DECISIONS IF YOU CAN NOT MAKE MEDICAL DECISIONS FOR YOURSELF? (Please include their full name, address, and phone number.)

ALTERNATE/SUCCESSOR AGENTS:

1.

ADDRESS:

CELL

PHONE:

2.

ADDRESS:

CELL

PHONE:

SPOUSE: APPOINTMENT OF AGENT TO MAKE MEDICAL DECISIONS

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ALTERNATE/SUCCESSOR AGENTS:

1.

ADDRESS:

CELL

PHONE:

2.

ADDRESS:

CELL

PHONE:

APPOINTMENT OF GUARDIAN FOR YOUR MINOR CHILDREN

If you have minor (young) children, you may want to appoint a guardian for your children if you die or become incapacitated.

GUARDIAN OF CHILDREN (CAN BE NAMED AS COUPLES OR INDIVIDUALS):

1.

RELATIONSHIP TO YOU:

2.

RELATIONSHIP TO YOU:

OTHER PLANNING ISSUES

1. DO YOU HAVE OWNERSHIP IN A FARM OR RANCH? YES NO
2. DO YOU OWN A SECOND HOME? YES NO
3. DO YOU OWN ANY OTHER SIGNIFICANT REAL ESTATE? YES NO
4. DO YOU OWN AN INTEREST IN GAS OR OIL? YES NO
5. DO YOU OWN A CLOSELY HELD BUSINESS? YES NO
6. DO YOU OWN A MEDICAL, DENTAL, OR VETERINARIAN PRACTICE? YES NO
7. DO YOU OWN A VALUABLE COLLECTION (E.G., STAMPS, ART)? YES NO

IF YOU SELECTED "YES" FOR ANY OF THE ABOVE, PLEASE EXPLAIN: _____

ASSET AND LIABILITIES

Your assets and liabilities will be used to determine the type of Estate Plan that will be best for you.

PERSONAL NET WORTH: \$ _____

ANNUAL INCOME: \$ _____

DO YOU OWN AN INTEREST IN QUALIFIED PENSION PLAN(S)? YES

NO

MISCELLANEOUS QUESTIONS

1. HAVE YOU MADE GIFTS TO ANY ONE PERSON *EXCEEDING* \$11,000 IN ANY ONE CALENDAR YEAR? [] YES [] NO
 2. HAVE YOU EVER FILED A FEDERAL GIFT TAX RETURN? [] YES [] NO
IF YES, PLEASE LIST THE YEARS OF RETURNS FILED: _____
 3. DO YOU HAVE ANY OTHER LEGAL ISSUES OF WHICH I SHOULD BE AWARE? [] YES [] NO
IF YES, PLEASE DESCRIBE: _____
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WITNESS INFORMATION

For the execution of your will you will need to provide 2 witness not related to you by blood or marriage. They also cannot be entitled to any portion of your estate upon your death.

1.
ADDRESS:

CELL

PHONE:
2.
ADDRESS:

CELL

PHONE:

Please bring this completed form and contact 512-400-7070 to schedule a time to drop off at our Kyle location 187 Elmhurst Drive, Suite A, Kyle, Texas 78640 or email it to jacqueline@azfirm.law

Payments made be made on our website at <https://www.azfirm.law/>

FINANCIAL SUMMARY

Please write additional information on back, if necessary.

Type of Asset	Description	Estimated Value	Ownership of asset?	Liabilities/lien on asset?
Savings Account		\$		
Checking Account		\$		
Money Market		\$		
Other bank accounts		\$		
Primary Residence		\$		
Secondary Residence		\$		
Other Real Estate		\$		
Automobiles/Boats		\$		
Jewelry		\$		
Art/collections		\$		
Other personal property		\$		
Bonds		\$		
Stock		\$		
Mutual Funds		\$		
Notes & Mortgages Receivables		\$		
Future Inheritance		\$		
Interests in Trusts		\$		
Annuities		\$		
IRAs		\$		
401K		\$		
Keough Plan		\$		

Life Insurance (cash value of all policies)		\$		
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