

# **BURNS ANDERSON JURY & BRENNER, L.L.P.**

Attorneys and Counselors of Law  
A Limited Liability Partnership which includes Professional Corporations

Telephone: 512/338-5322  
Facsimile: 512/338-5363  
E-mail: ebrenner@bajb.com

From the Desk of:  
**ELIZABETH BRENNER**  
Of Counsel

## **Estate Planning Questionnaire**

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date: \_\_\_\_\_

### **SPOUSE**

Full name (as you will sign your will) \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers

a. Home \_\_\_\_\_ c. Fax \_\_\_\_\_

b. Work \_\_\_\_\_ d. Other \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

Family-owned Business Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_ yes \_\_\_\_ no

### **SPOUSE 2**

Full name (as you will sign your will) \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers

a. Home \_\_\_\_\_ c. Fax \_\_\_\_\_

b. Work \_\_\_\_\_ d. Other \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

Family-owned Business Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

Are you a U.S. citizen: \_\_\_\_ yes \_\_\_\_ no

**Children of this marriage**

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

**Prior Marriages – Spouse 1**

1. To whom:

Date terminated:

Residence at date of termination:

**Children of this marriage**

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

2. To whom:

Date terminated:

Residence at date of termination:

**Children of this marriage**

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

**Prior Marriages – Spouse 2**

1. To whom:

Date terminated:

Residence at date of termination:

**Children of this marriage**

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

2. To whom:

Date terminated:

Residence at date of termination:

**Children of this marriage**

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

Name (print full name) \_\_\_\_\_ Birth Date \_\_\_\_\_

**Assets**

**TESTAMENTARY ASSETS**

	Separate Property	Community Property
Bank Accounts	\$ _____	\$ _____
Real Property	\$ _____	\$ _____

Business Interests	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Notes and Mortgages	\$ _____	\$ _____
Personal Effects	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**NON-TESTAMENTARY ASSETS**

Separate Property	Community Property	
Life Insurance	\$ _____	\$ _____
Pension Benefits	\$ _____	\$ _____
Trust Assets	\$ _____	\$ _____
Other	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**Debts (other than mortgage and automobile)**

Description	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Other**

Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Dispositive Plan

Do either of you presently have a will? Yes \_\_\_ No \_\_\_  
(please include a copy, if readily available)

What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

---

---

---

---

### Spouse #1

#### **A. Special Bequests - Special Gifts you desire to make in your will:**

Property to be Given  
Name of Person Relationship  
*Alternate:*  
*Alternate:*  
*Alternate:*

Property to be Given  
Name of Person Relationship  
*Alternate:*  
*Alternate:*  
*Alternate:*

**B. Residuary Estate.** In your own words, describe the way you want the balance of your property to pass under your will in each of the following circumstances. (Use back of sheet if necessary): (a) If your spouse and children survive you. (b) If your children survive you, but your spouse does not survive you. (c) If neither your spouse nor children survive you. (d) If your spouse survives you, but your children do not survive you. (e) Favorite charity:

Remarks: (Use back of sheet if necessary.)

## **Spouse #2**

### **A. Special Bequests - Special Gifts you desire to make in your will:**

Property to be Given  
Name of Person Relationship  
*Alternate:*  
*Alternate:*  
*Alternate:*

Property to be Given  
Name of Person Relationship  
*Alternate:*  
*Alternate:*  
*Alternate:*

**B. Residuary Estate.** In your own words, describe the way you want the balance of your property to pass under your will in each of the following circumstances. (Use back of sheet if necessary): (a) If your spouse and children survive you. (b) If your children survive you, but your spouse does not survive you. (c) If neither your spouse nor children survive you. (d) If your spouse survives you, but your children do not survive you. (e) Favorite charity:

Remarks: (Use back of sheet if necessary.)

## **FIDUCIARY APPOINTMENTS**

### **Executor**

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

Primary

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Powers of Attorney**

### **Durable Power of Attorney**

This document allows your designated agent to handle all of your personal and financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Medical Power of Attorney**

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

*Primary*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*First Alternate*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*Second Alternate*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Declaration of Guardian in the Event Need Arises**

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance.

*Guardian for Financial Purposes:*

Primary: \_\_\_\_\_

Alternates: \_\_\_\_\_

Persons you wish to exclude: \_\_\_\_\_

*Guardian for Health Care Purposes:*

Primary: \_\_\_\_\_

Alternates: \_\_\_\_\_

Persons you wish to exclude: \_\_\_\_\_

**Guardian of Minor(s):** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

*Second Choice:* \_\_\_\_\_

Relationship: \_\_\_\_\_

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



**FIDUCIARY APPOINTMENTS**

**Executor**

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

Primary

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Powers of Attorney**

**Durable Power of Attorney**

This document allows your designated agent to handle all of your personal and financial affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Power of Attorney**

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc.

*Primary*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*First Alternate*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*Second Alternate*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Declaration of Guardian in the Event Need Arises**

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance.

*Guardian for Financial Purposes:*

Primary: \_\_\_\_\_

Alternates: \_\_\_\_\_

Persons you wish to exclude: \_\_\_\_\_

*Guardian for Health Care Purposes:*

Primary: \_\_\_\_\_

Alternates: \_\_\_\_\_

Persons you wish to exclude: \_\_\_\_\_

**Guardian of Minor(s):** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

*Second Choice:* \_\_\_\_\_

Relationship: \_\_\_\_\_

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