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A Limited Liability Partnership which includes Professional Corporations

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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: _____

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

Prior Marriages

1. To whom:

Date terminated:

Residence at date of termination:

Children of this relationship

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 relationship

Name (print full name) _____ Birth Date _____

Name (print full name) _____ Birth Date _____

Name (print full name) _____ Birth Date _____

Assets

a. Real Estate State Approx. Value Mortgage Balance

Residence _____

Other _____

Other _____

b. Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Approx. Value	or
Balance			

c. IRAs Institution/Custodian Balance Primary Beneficiary

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type Institution/Administrator Balance Primary
Beneficiary

Yearly Contribution (for defined contribution plans): _____

e. Life Insurance (list cash value and payoff value) _____

Institution/Administrator Cash Value Payoff Amount Primary Beneficiary

f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, etc.) _____

h. Anticipated Inheritance _____

Name of Person Who May Leave You Something _____

Relationship _____

Rough Estimate Amount _____

Business Interests

Ownership Arrangement (partnership/S-corp.,etc.) _____

Approx. Value _____

Number of Employees _____

J Automobiles & Vehicles (including boats & trailers)

Make & Year	Date Acquired	Owner on Title	Issuer State	Value	Loan Amt.
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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 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.)

In general, to whom do you want your estate to be distributed?

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

Statutory 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: _____