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**Estate Planning Questionnaire – Attorney Client Privilege**

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:

1. Full name (as you will sign your will)\_\_\_\_\_
2. Address\_\_\_\_\_
- County\_\_\_\_\_
- Have you ever lived in any state other than Texas? \_\_\_\_\_
- State\_\_\_\_\_ Date you moved to Texas\_\_\_\_\_
3. Phone Numbers  
a. Home\_\_\_\_\_ c. Cell\_\_\_\_\_
- b. Work:\_\_\_\_\_ d. Other\_\_\_\_\_
- email address:\_\_\_\_\_
4. Birthdate:\_\_\_\_\_ Country of Citizenship:\_\_\_\_\_
- Social Security Number (Optional):\_\_\_\_\_
5. Occupation:\_\_\_\_\_ Yearly Income:\_\_\_\_\_
- Family-owned Business Information:  
Name\_\_\_\_\_
- Address\_\_\_\_\_
- Description\_\_\_\_\_
- EIN (optional)\_\_\_\_\_
6. Marital History  
a. Are you currently married? Yes \_\_\_ No\_\_\_
- Date & state of marriage:\_\_\_\_\_
- Spouse Name:\_\_\_\_\_
- b. Widowed? Yes \_\_\_ No\_\_\_
- Name of deceased spouse\_\_\_\_\_
- Date of death\_\_\_\_\_ County/State of Residence at death\_\_\_\_\_
- Did spouse leave a will?  
Yes \_\_\_ No\_\_\_ (if yes, please include a copy of the will)
- Was it probated? Yes \_\_\_ No \_\_\_
- c. Divorced? Yes \_\_\_ No\_\_\_
- Name of ex-spouse\_\_\_\_\_
- Date and state of divorce:\_\_\_\_\_
- Financial obligation\_\_\_\_\_

d. Are there any premarital or post-marital agreements in effect?  
Yes \_\_\_ No\_\_\_ (please include a copy)

7. Children & Grandchildren (please include any who are deceased)\_\_\_\_\_

a. Children	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

b. Grandchildren	Birthdate	State of Residence	Parent's Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

8. Assets

a. Real Estate Residence	State	Approx. Value	Mortgage Balance
_____	_____	_____	_____
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
_____	_____	_____	_____	_____

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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 of Amount \_\_\_\_\_

i. Business Interests  
Ownership Arrangement (partnership/S-corp.,etc.) \_\_\_\_\_  
Approx. Value \_\_\_\_\_  
Number of Employees \_\_\_\_\_

j. Automobiles & Vehicles (including boats & trailers) 9 Autos  
Make & Year    Date Acquired    Owner on Title    Issuer State    Value    Loan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
1.	Consumer Debts _____	_____
	_____	_____
2.	Business Debts _____	_____
	_____	_____
3.	Guarantees _____	_____
	_____	_____

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

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

11. Dispositive Plan

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

b. 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?

\_\_\_\_\_

12. Fiduciaries

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.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. Executor

Primary

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

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

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

First Alternate

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

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

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

Second Alternate

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

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

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

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal 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: \_\_\_\_\_

b. 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: \_\_\_\_\_

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

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

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

First Alternate

Name: Kelly Ryan Stephens \_\_\_\_\_

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

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

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

Second Alternate

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

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

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

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

c. Living Will

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

\_\_\_\_\_ Comfort treatment only. \_\_\_\_\_ All life-sustaining treatments. \_\_\_\_\_ Undecided.

2. An "irreversible condition" is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

\_\_\_\_\_ Comfort treatment only. \_\_\_\_\_ All life-sustaining treatments. \_\_\_\_\_ Undecided.

d. 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. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

Guardian for Financial Purposes:

Guardian for Health Care Purposes:

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

\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude (from all roles and from inheriting):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_