

TERRY R. LEACH\*  
TENA G. FOX\*

LEACH & FOX  
ATTORNEYS AT LAW, P.C.  
460 W. HARWOOD ROAD  
HURST, TEXAS 76054-2939  
WWW.LEACHLAW.COM

(817) 280-0811  
(800) 949-1777  
FAX: (817) 282-4127

\* BOARD CERTIFIED  
ESTATE PLANNING & PROBATE LAW  
TEXAS BOARD OF LEGAL SPECIALIZATION

-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: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |
| 2. | Name: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |
| 3. | Name: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |
| 4. | Name: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |
| 5. | Name: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |
| 6. | Name: _____<br>Address: _____<br>_____ | Child by<br>Previous<br>Marriage?<br>Y / N | Date<br>of Birth<br>_____ | Gender<br><br>M / F |

Information regarding any other person(s) who will be named in the Documents:

|          |                |        |
|----------|----------------|--------|
| 1. Name: | _____          | Gender |
| Address: | _____<br>_____ | M / F  |
| 2. Name: | _____          | Gender |
| Address: | _____<br>_____ | M / F  |
| 3. Name: | _____          | Gender |
| Address: | _____<br>_____ | M / F  |
| 4. Name: | _____          | Gender |
| Address: | _____<br>_____ | M / F  |
| 5. Name: | _____          | Gender |
| Address: | _____<br>_____ | M / F  |
| 6. Name: | _____          | Gender |
| Address: | _____<br>_____ | 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: _____<br>_____   | Current Value:<br>\$ _____ |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |
| 2. | Address: _____<br>_____   | \$ _____                   |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |
| 3. | Address: _____<br>_____   | \$ _____                   |
|    | Balance of any Mortgage \$ _____<br>Ownership as shown on Warranty Deed:<br>_____ |                            |

**II. LIFE INSURANCE**

- |    |   | Cash Value | Death Benefit |
|----|---|------------|---------------|
| 1. | Insurance Co. _____<br>Type (circle) Term, Whole Life, Universal or Variable Life | \$ _____   | \$ _____      |
|    | Primary Beneficiary _____   |            |               |
|    | Contingent Beneficiary _____  |            |               |
| 2. | Insurance Co. _____<br>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<br>checking, saving) | Name on<br>Account | Current<br>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. \_\_\_\_\_