

TERRY R. LEACH*

TENA G. FOX*

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

**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

**-MARRIED 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 we will be preparing Wills for you and your spouse, ***both*** spouses will need to attend the office conference so that we may discuss the various Estate Planning alternatives. If you have small children, please make arrangements for childcare.

Today's Date: _____

Full Name of Husband: _____

Full Name of Wife: _____

Home Address: _____

City, State & Zip: _____ Home Phone: _____

Date of Marriage: _____

Husband

Wife

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Date of Birth: _____

Date of Birth: _____

U.S. Citizen: Yes No

U.S. Citizen: Yes No

Date Texas Residency Established: _____

Date Texas Residency Established: _____

CHILDREN: Full Legal Name and Address

- | | | | | |
|----|--|--|---------------------------|---------------------|
| 1. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 2. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 3. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 4. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 5. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 6. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |

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

1. Name:	_____	Gender
Address:	_____ _____	M / F
2. Name:	_____	Gender
Address:	_____ _____	M / F
3. Name:	_____	Gender
Address:	_____ _____	M / F
4. Name:	_____	Gender
Address:	_____ _____	M / F
5. Name:	_____	Gender
Address:	_____ _____	M / F
6. Name:	_____	Gender
Address:	_____ _____	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

Current Value:

1. Address: _____ \$ _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

2. Address: _____ \$ _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

3. Address: _____ \$ _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

II. LIFE INSURANCE

Cash Value Death Benefit

On Life of Husband:

1. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

2. Insurance Co. _____ \$ _____ \$ _____
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 _____

4. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

On Life of Wife:

Cash Value

Death Benefit

1. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

2. Insurance Co. _____ \$ _____ \$ _____
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 _____

4. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

III. RETIREMENT ACCOUNTS

In Name of Husband:

Current Value:

1. 401K _____ \$ _____
Primary Beneficiary _____
Contingent Beneficiary _____
2. IRA _____ \$ _____
Primary Beneficiary _____
Contingent Beneficiary _____
3. IRA _____ \$ _____
Primary Beneficiary _____
Contingent Beneficiary _____

In Name of Wife:

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 checking, saving)	Name on Account	Current 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?

Husband Yes No / Wife 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 Husband's estate to be distributed at his death.

b. Briefly describe how you would like Wife's estate to be distributed at her death.

3. Appointments

a. Executor

Husband's Will

Wife's Will

1. _____
2. _____
3. _____

- _____
- _____
- _____

b. Guardian of Minor Children (if applicable)

Husband's Will

Wife's Will

1. _____
2. _____

- _____
- _____

c. Agent for Medical Power of Attorney

Husband

Wife

1. _____
2. _____
3. _____

- _____
- _____
- _____

d. Agent for Durable Power of Attorney (Personal Business Matters)

Husband

Wife

1. _____
2. _____

- _____
- _____