

Tena G. Fox\*  
Jessica M. Temple  
Johnnay Holt

\*Board Certified by the Texas Board  
of Legal Specialization



**LEACH FOX LAW**  
ESTATE ATTORNEYS

www.LeachFoxLaw.com  
8229 Mid Cities Blvd. North Richland Hills, TX 76182  
Phone: 817-280-0811 • Fax: 817-282-4127

Terry R. Leach – Founder 1975  
(Retired - 2021)

**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 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 we may discuss the various Estate Planning alternatives. If you have small children, please arrange for childcare.

Today's Date: \_\_\_\_\_

Full Name of Spouse 1: \_\_\_\_\_

Full Name of Spouse 2: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**Spouse 1**

**Spouse 2**

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Personal 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:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			
2. Name:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			
3. Name:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			
4. Name:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			
5. Name:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			
6. Name:	_____	Child by Previous Marriage?	Date of Birth	Gender
Address:	_____	<input type="checkbox"/> Y / N <input type="checkbox"/>	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____			

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

1. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	
2. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	
3. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	
4. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	
5. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	
6. Name:	_____	Gender
Address:	_____	<input type="checkbox"/> M / F <input type="checkbox"/>
	_____	

Do you currently have any of the following:

- ☐ Will
- ☐ Durable Power of Attorney
- ☐ Health Care Power of Attorney
- ☐ Directive to Physicians (Living Will)

**I. REAL ESTATE:**

*Please bring a copy of the Warranty Deed on each piece of property*

1. Address: _____ _____	Current Value
Balance of any Mortgage: \$ _____	\$ _____
Ownership as shown on Warranty Deed: _____	
2. Address: _____ _____	Current Value
Balance of any Mortgage: \$ _____	\$ _____
Ownership as shown on Warranty Deed: _____	
3. Address: _____ _____	Current Value
Balance of any Mortgage: \$ _____	\$ _____
Ownership as shown on Warranty Deed: _____	
4. Address: _____ _____	Current Value
Balance of any Mortgage: \$ _____	\$ _____
Ownership as shown on Warranty Deed: _____	
5. Address: _____ _____	Current Value
Balance of any Mortgage: \$ _____	\$ _____
Ownership as shown on Warranty Deed: _____	

## II. LIFE INSURANCE

### On Life of Spouse 1

Cash Value

Death Benefit

1. Insurance Co. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Type of Insurance: ☐ Term ☐ Whole Life ☐ Universal ☐ Variable Life
- Primary Beneficiary: \_\_\_\_\_
- Contingent Beneficiary: \_\_\_\_\_

Cash Value

Death Benefit

2. Insurance Co. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Type of Insurance: ☐ Term ☐ Whole Life ☐ Universal ☐ Variable Life
- Primary Beneficiary: \_\_\_\_\_
- Contingent Beneficiary: \_\_\_\_\_

Cash Value

Death Benefit

3. Insurance Co. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Type of Insurance: ☐ Term ☐ Whole Life ☐ Universal ☐ Variable Life
- Primary Beneficiary: \_\_\_\_\_
- Contingent Beneficiary: \_\_\_\_\_

Cash Value

Death Benefit

4. Insurance Co. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Type of Insurance: ☐ Term ☐ Whole Life ☐ Universal ☐ Variable Life
- Primary Beneficiary: \_\_\_\_\_
- Contingent Beneficiary: \_\_\_\_\_

### On Life of Spouse 2

Cash Value

Death Benefit

1. Insurance Co. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Type of Insurance: ☐ Term ☐ Whole Life ☐ Universal ☐ Variable Life
- Primary Beneficiary: \_\_\_\_\_
- Contingent Beneficiary: \_\_\_\_\_

	Cash Value	Death Benefit
2. Insurance Co. _____	\$ _____	\$ _____
Type of Insurance:	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal <input type="checkbox"/> Variable Life	
Primary Beneficiary:	_____	
Contingent Beneficiary:	_____	

	Cash Value	Death Benefit
3. Insurance Co. _____	\$ _____	\$ _____
Type of Insurance:	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal <input type="checkbox"/> Variable Life	
Primary Beneficiary:	_____	
Contingent Beneficiary:	_____	

	Cash Value	Death Benefit
4. Insurance Co. _____	\$ _____	\$ _____
Type of Insurance:	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal <input type="checkbox"/> Variable Life	
Primary Beneficiary:	_____	
Contingent Beneficiary:	_____	

### III. RETIREMENT ACCOUNTS

#### In Name of Spouse 1

	Current Value
1. 401K _____	\$ _____
Primary Beneficiary:	_____
Contingent Beneficiary:	_____

	Current Value
2. IRA _____	\$ _____
Primary Beneficiary:	_____
Contingent Beneficiary:	_____

	Current Value
3. IRA _____	\$ _____
Primary Beneficiary:	_____
Contingent Beneficiary:	_____

**In Name of Spouse 2**

Current Value

1. 401K \_\_\_\_\_ \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Current Value

2. IRA \_\_\_\_\_ \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

Current Value

3. IRA \_\_\_\_\_ \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**IV. BANK ACCOUNTS**

	Name of Bank	Account Type (CD, checking, savings)	Name on Account	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____

**V. INVESTMENT ASSETS**

(Brokerage Accts., Stocks, Bonds, Mutual Funds, Annuities, Cryptocurrency, etc.)

	Name of Company or Fund	Type of Investment	Name(s) as shown on Cert. or Account	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

4. \_\_\_\_\_ \$ \_\_\_\_\_  
 5. \_\_\_\_\_ \$ \_\_\_\_\_  
 6. \_\_\_\_\_ \$ \_\_\_\_\_

## VI. VEHICLES, BOATS, AIRCRAFTS

	Make	Model	Year	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____

Do you have firearms requiring you to hold a Federal Firearms License (FFL)? ☐ Yes / No ☐

## VII. BUSINESSES

1. Name of Business: \_\_\_\_\_

Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Percent Ownership: \_\_\_\_\_ % Is there a current Buy-Sell Agreement: ☐ Yes / No ☐

2. Name of Business: \_\_\_\_\_

Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Percent Ownership: \_\_\_\_\_ % Is there a current Buy-Sell Agreement: ☐ Yes / No ☐

## VIII. OTHER

Do you have Long Term Insurance?

Spouse 1 ☐ Yes / No ☐

Spouse 2 ☐ Yes / No ☐



## IX. ESTATE PLANNING

### 1. What topics would you like to discuss at your appointment?

--

### 2. Distributions

- a. Briefly describe how the estate of Spouse 1 should be distributed upon his/her death.

--

- b. Briefly describe how the estate of Spouse 2 should be distributed upon his/her death.

--

### 3. Appointments

- a. Executor

Spouse 1 Will

Spouse 2 Will

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

- b. Guardian of Minor Children (if applicable)

Spouse 1 Will

Spouse 2 Will

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

c. Agent for Medical Power of Attorney

Spouse 1 Will

Spouse 2 Will

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

d. Agent for Durable Power of Attorney (personal business matters)

Spouse 1 Will

Spouse 2 Will

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |