
ESTATE PLANNING QUESTIONNAIRE

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ESTATE PLANNING QUESTIONNAIRE

CLIENT: _____

DATE: _____

This booklet is designed to give us, as your attorneys, your complete family and financial picture. The information you furnish us will assist us in recommending to you an estate plan designed to:

1. Accomplish your objectives for your family, and
2. Minimize the tax burden on you and your family.

We recognize that you may not be able to complete all of the answers prior to our conference. If you are able to provide us with complete information, however, our conference will be that much more meaningful.

This information booklet is divided into several categories. First is a personal data worksheet which solicits personal information about you, your family, and your advisors. Second is a history of prior financial transactions involving estate planning matters. Third is a detailed questionnaire regarding financial aspects of your estate plan. Fourth is a schedule of insurance. Fifth is your preference for fiduciary appointments. Sixth is a questionnaire soliciting estate planning objectives. Seventh is a document checklist.

KRONEY MORSE LAN, PC

I. PERSONAL DATA WORKSHEET

Please Print Clearly

PERSONAL DATA	YOU*	YOUR SPOUSE*
Full Name:	_____	_____
Other Names Used:	_____	_____
County of Residence:	_____	_____
Home Address:	_____	_____
	_____	_____
Home Phone:	_____	_____
Home Fax:	_____	_____
Internet Address:		
Occupation:	_____	_____
Employer:	_____	_____
Business Address:	_____	_____
	_____	_____
Business Phone:	_____	_____
Business Fax:	_____	_____
Preferred Mailing Address:	Home [] Office []	Home [] Office []
Date of Birth:	_____	_____
Place of Birth:	_____	_____
Citizenship:	_____	_____
Dates of Residence in Texas:	_____	_____
If Resided in Any Other State During the Last 10 Years, Indicate State and Dates:	_____	_____
Social Security Number:	_____	_____

* Please identify females by given name, e.g., Mary Ann Smith, not Mrs. John Smith.

Children Names	Street Address, City, State	Date of Birth	Social Security Number	Health Status, Disabilities, Adopted, or Previous Marriage*
1. Child:				
Spouse:				
Names of children:				
a.				
b.				
c.				
2. Child:				
Spouse:				
Names of children:				
a.				
b.				
c.				
3. Child:				
Spouse:				
Names of children:				
a.				
b.				
c.				
4. Child:				
Spouse:				
Names of children:				
a.				
b.				
c.				

Persons, Other Than Minor Children, Financially Dependent on You and/or Your Spouse	Street Address, City, State	Date of Birth	Relation	Comments
1.				
2.				
3.				
4.				

***Children:** If adopted place "A" in this column. If by previous marriage place "PM" in this column.

PARENTS:

You

Your Spouse

Father

Mother

Father

Mother

Living: Yes No

Yes No

Yes No

Yes No

Name: _____

Age: _____

Occupation: _____

Marital Status: _____

Health: _____

Address: _____

Financial Ability (good, fair, poor): _____

Have Will Yes No

Yes No

Yes No

Yes No

Expected Inheritance from Parents: _____

BROTHERS AND SISTERS:

You:

Name

Age

Spouse

Address

Your Spouse:

Name

Age

Spouse

Address

ADDITIONAL FAMILY INFORMATION INCLUDING SPECIAL HEALTH PROBLEMS OF ANY FAMILY MEMBER; CITIZENSHIP OTHER THAN U.S.; SPECIAL EDUCATIONAL REQUIREMENTS OF CHILDREN; GRANDCHILDREN, ETC.:

MARITAL HISTORY:

Present Marital Status: _____

Date of Marriage: _____

State of Residence at Date of Marriage: _____

Is there a Marital Agreement between you and your spouse? Yes No If yes, please furnish a copy.

Previously Married:	<u>You</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Your Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Former Spouse:	_____	_____
Place and Date of Marriage:	_____	_____
Terminated By:	<input type="checkbox"/> Divorce <input type="checkbox"/> Death On: _____	<input type="checkbox"/> Divorce <input type="checkbox"/> Death On: _____
Place of Termination:	_____	_____
Divorce or Probate Attorney:	_____	_____
Obligations To or From Former Spouse:		
1. Child Support:	_____	_____
2. Alimony:	_____	_____
3. Other:	_____	_____

Please furnish a copy of divorce decree and any amending decrees.

MILITARY SERVICE:

You: Yes No

Years of Service: 19__ - __ Serial No. _____

Branch of Service: _____ Rank: _____

Pension/Service Disability Benefits, if any: _____

Your Spouse: Yes No

Years of Service: 19__ - __ Serial No. _____

Branch of Service: _____ Rank: _____

Pension/Service Disability Benefits, if any: _____

ADVISORS:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Banker:	_____	_____	_____
Accountant:	_____	_____	_____
Broker:	_____	_____	_____
Life Ins. Underwriter:	_____	_____	_____
Casualty Ins. Agent:	_____	_____	_____
Attorney:	_____	_____	_____
Other Advisors:	_____	_____	_____

LOCATION OF IMPORTANT ITEMS:

Safe Deposit Box: Yes No

Bank: _____ Keys located at _____

Held jointly with _____

Information necessary to prepare the current year's income tax return is located at _____

Income tax returns prepared by _____

Address: _____ Telephone: _____

Employment records are kept at _____

Person to be contacted for information at place of employment is _____

Address: _____ Telephone: _____

II. PREVIOUS ESTATE PLANNING

A. GIFTS:

1. Have you or your spouse made gifts in excess of \$12,000 to any individual in any year? Yes No
2. Do you or your spouse plan to make gifts in excess of \$12,000 to any individual in the future? Yes No

3. Have you or your spouse:

	<u>You</u>	<u>Your Spouse</u>
Filed gift or generation-skipping tax returns in prior years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paid gift or generation-skipping taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Created trusts for any other person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If trusts have been created or gift tax returns have been filed, please bring copies if available.

B. DOCUMENTS IN EXISTENCE:

1. Are wills presently in existence for you and/or your spouse? If yes, please furnish copies.
2. Are Living or Revocable Trusts presently in existence for you and/or your spouse? If yes, please furnish copies.
3. Are Powers of Attorney in existence for you and/or your spouse? If yes, please furnish copies.
4. Are Health Care Powers of Attorney in existence for you and/or your spouse? If yes, please furnish copies.
5. Are Directives to Physicians, requesting your physician not to artificially prolong your life when death is imminent, in existence for you and/or your spouse? If yes, please furnish copies.
6. Are Designations of Guardian in existence for you and/or your spouse? If yes, please furnish copies.

Additional Documents:

- Family Partnership Agreements Insurance Trusts Irrevocable Trusts for Children
 Irrevocable Trusts for Grandchildren Partition Agreements Family Foundation

Please furnish copies of any of the above documents presently in existence.

III. FINANCIAL INFORMATION*

A. ASSETS:

	<u>Estimated Values</u>		
	<u>Community Property</u>	<u>Your Separate Property</u>	<u>Spouse's Separate Property</u>
1. Real Estate**			
a. Homestead	_____	_____	_____
b. Other Residential Real Estate	_____	_____	_____
c. Commercial Real Estate	_____	_____	_____
d. Rural Real Estate	_____	_____	_____
e. Non-Texas Real Estate	_____	_____	_____
2. Mineral Interests (Indicate if royalty or working interests; producing or non-producing)			
a. Texas Mineral Interests	_____	_____	_____
b. Non-Texas Mineral Interests	_____	_____	_____
3. Stocks and Bonds			
a. Marketable Securities	_____	_____	_____
b. Unlisted Securities (including those of closely held corporations)	_____	_____	_____
c. Bonds	_____	_____	_____
d. Mutual Funds	_____	_____	_____
e. Stock Options	_____	_____	_____
4. Cash			
a. Checking Accounts	_____	_____	_____
b. Savings Accounts and C/D's	_____	_____	_____
5. Notes and Receivables	_____	_____	_____
6. Life Insurance (face value)			
a. On Your Life	_____	_____	_____
b. On Your Spouse's Life	_____	_____	_____
c. Owned on Another's Life	_____	_____	_____
7. Jointly Owned Property	_____	_____	_____
8. Unincorporated Business Interests	_____	_____	_____

*Current financial statements may be attached in lieu of completing the worksheet.

**Indicate whether any environmental studies have been conducted on any real estate by placing an asterisk next to the estimated value of the property.

		<u>Estimated Values</u>		
		<u>Community Property</u>	<u>Your Separate Property</u>	<u>Spouse's Separate Property</u>
9.	Personalty			
	a. Household Furnishings	_____	_____	_____
	b. Other Personal Property (jewelry, furs, cars, boats, etc.)	_____	_____	_____
	c. Antiques and Collections	_____	_____	_____
10.	Rights Under Estates and Trusts Including Powers of Appointment	_____	_____	_____
11.	Death Benefits			
	a. Pension Plan	_____	_____	_____
	b. Profit-sharing Plan	_____	_____	_____
	c. Thrift Savings Plan	_____	_____	_____
	d. Deferred Compensation Arrangement	_____	_____	_____
	e. Salary Continuation Program	_____	_____	_____
	f. Other Death Benefit Programs	_____	_____	_____
12.	Other Assets	_____	_____	_____
	a. _____	_____	_____	_____
	b. _____	_____	_____	_____
	c. _____	_____	_____	_____
	TOTAL ASSETS	\$ _____	\$ _____	\$ _____

B. LIABILITIES*:

1. Owing on Real Estate
 - a. Due on Homestead \$ _____
 will will not be paid off by mortgage insurance on your death
 - b. Due on Other Real Estate _____

* Identify any of the liabilities which are separate liabilities (e.g. liabilities incurred prior to marriage or the satisfaction of which is limited to separate property) by placing an asterisk next to the amount of the liability.

2. Bank Loans [] Secured by _____	_____
3. Other Notes Payable [] Secured by _____	_____
4. Average Charge Account Balance	_____
5. Life Insurance Loans	_____
6. Alimony/Child Support Payable	_____
7. Other Liabilities (Describe):	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
8. Contingent Liabilities (Co-signer on Note, Guarantor on Loans, Partnership Debts, etc.):	
_____	_____
_____	_____
_____	_____
TOTAL LIABILITIES	\$ _____

C. NET ESTATE:

	<u>Community</u>	<u>You</u>	<u>Your Spouse</u>
Total Assets	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
NET ESTATE	\$ _____	\$ _____	\$ _____

D. ANNUAL INCOME:

Your Earned Income or Net Business Income	\$ _____
Your Spouse's Earned Income or Net Business Income	\$ _____
Other Income	_____
TOTAL INCOME	\$ _____

E. PROPERTY CLASSIFICATIONS

1. Was any of the property listed above owned by either you or your Spouse before marriage?
 Yes No If yes, specify.

Have you made any special efforts to segregate and account for this property during marriage?
 Yes No If yes, specify.

2. Was any of the property listed above received by you or your Spouse by gift, inheritance, or as compensation for personal injuries?
 Yes No If yes, specify date (date of gift, date of death of benefactor, etc.).

Have you made any special efforts to segregate this property from other property obtained from earnings during marriage?
 Yes No If yes, specify.

3. Do you, your Spouse, or your children have any expectation of receiving by gift or inheritance any substantial amount of property from persons?
 Yes No If yes, specify.

4. Do you, your Spouse, or your children have any interest in or receive income from any trust or estate?
 Yes No If yes, furnish copies of legal instrument or applicable will if available.

5. Are you or any of the members of your immediate family a trustee of a trust? Yes No If yes, furnish copies of trust instrument or applicable will if available.

6. Is all of the property listed above located in Texas?
 Yes No If no, specify property or its location.

7. List all ownership interests (stock, partnership interests, etc.) in any nonpublicly traded business or investment entity. Include copies of any documents restricting the transfer of any such ownership interests.

IV. SCHEDULE OF INSURANCE

A. LIFE INSURANCE POLICIES ON YOUR LIFE:

<u>Life Insurance Company</u>	<u>Policy Number</u>	<u>Type of Policy*</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Death Benefit</u>
Personal:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL PERSONAL INSURANCE ON YOUR LIFE \$ _____

Business:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL BUSINESS INSURANCE ON YOUR LIFE \$ _____

B. LIFE INSURANCE POLICIES ON YOUR SPOUSE'S LIFE:

<u>Life Insurance Company</u>	<u>Policy Number</u>	<u>Type of Policy*</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Death Benefit</u>
Personal:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL PERSONAL INSURANCE ON YOUR SPOUSE'S LIFE \$ _____

Business:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL BUSINESS INSURANCE ON YOUR SPOUSE'S LIFE \$ _____

*If known, indicate if policy is Whole Life, Universal Life, Term, Group Term, Accidental Death, etc. In addition, if policy is Whole Life please indicate cash value less any loan. If policy is provided by employer please provide group contract number and, if available, individual certificate number. Identify any of the foregoing policies purchased before marriage by placing an asterisk next to the policy number.

C. POLICIES OWNED BY YOU OR YOUR SPOUSE ON THE LIFE OF ANY OTHER PERSON:

<u>Life Insurance Company</u>	<u>Policy Number</u>	<u>Type of Policy*</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. DETAILS OF POLICY OWNERSHIP:

Are any of the foregoing policies owned as separate property? Have the premiums been paid with partitioned or separate funds? Has there been an absolute assignment of the policy, etc.? If so, specify. _____

E. DISABILITY INSURANCE:

<u>Life Insurance Company</u>	<u>Policy Number</u>	<u>Type of Policy*</u>	<u>Owner</u>	<u>Primary Beneficiary</u>	<u>Disability Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. TRUSTEE:

The trustee is the person or entity appointed in your will or trust instrument to manage the assets transferred to a trust for the benefit of its beneficiaries. If a trust is appropriate to your estate plan, whom would you want to serve as the trustee of any trusts? List in order of preference (note that two or more persons/entities may serve jointly).

	<u>Name</u>	<u>Address and Telephone</u>
<u>You:</u>		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Your Spouse:

1.	_____	_____
2.	_____	_____
3.	_____	_____

D. POWER OF ATTORNEY:

A power of attorney is a written instrument granting an appointed agent the authority to perform certain specified acts on your behalf. Since a power of attorney confers a great degree of authority and discretion, the agent must be completely trusted. If a power of attorney is appropriate, whom would you want to serve as your agent, including yourselves? List in order of preference (note that two or more persons/entities may serve jointly).

	<u>Name</u>	<u>Address and Telephone</u>
<u>You:</u>		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Your Spouse:

1.	_____	_____
2.	_____	_____
3.	_____	_____

E. DURABLE POWER OF ATTORNEY FOR HEALTH CARE:

A durable power of attorney for health care is a written instrument appointing an agent to make health care decisions when you are incapable of making or communicating such decisions. If a health care power of attorney is appropriate, whom would you want to serve as your agent, including yourselves? List in order of preference (note that two or more persons may serve jointly).

	<u>Name</u>	<u>Address and Telephone</u>
<u>You:</u>		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Your Spouse:

1.	_____	_____
2.	_____	_____
3.	_____	_____

F. DIRECTIVE TO PHYSICIANS:

A directive to physicians, otherwise known as a living will, is a written instrument requesting your physician not to artificially prolong your life when death is imminent. The directive may also designate an individual to make a treatment decision if you are incapable of making or communicating such a decision. If a directive to physicians is appropriate, whom would you want to make such a treatment decision, including yourselves? List in order of preference (note that two or more persons may serve jointly).

	<u>Name</u>	<u>Address and Telephone</u>
<u>You:</u>		
1.	_____	_____
2.	_____	_____
3.	_____	_____

Your Spouse:

1.	_____	_____
2.	_____	_____
3.	_____	_____

G. DESIGNATION OF YOUR GUARDIAN:

A designation of guardian is a written instrument designating an individual to serve as guardian of your person or estate in the event of your incompetency. Since the guardian of the person would manage your personal care and the guardian of the estate would manage your financial affairs, you may wish to appoint different persons to serve in these capacities. If a designation of guardian is appropriate, whom would you want to serve as your guardian, including yourselves? List in order of preference (note that persons and entities may not serve jointly).

<u>You</u>	<u>Guardian of Your Estate</u>	<u>Guardian of Your Person</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Is there anyone whom you specifically do not want to serve as Guardian of your estate or of your person?

Yes No If yes, list person(s).

Your Spouse

1.	_____	_____
2.	_____	_____
3.	_____	_____

Is there anyone whom you specifically do not want to serve as Guardian of your estate or of your person?

Yes No If yes, list person(s).

H. TOTAL LOSS OF FAMILY:

In what manner would you and your spouse desire your assets to be distributed in the event of the death of all of your immediate family? (e.g. disposition to other family members, charities, heirs-at-law, trust for parents, etc.)

<u>You</u>	<u>Your Spouse</u>
_____	_____
_____	_____
_____	_____

VI. DOCUMENT CHECKLIST

Documents To Bring To Meeting, If Available

A. Wills:

- 1. Current Wills.
- 2. Any will in which you or your Spouse are or may become a beneficiary.

B. Trusts:

- 1. Any trust that you or your Spouse may have established.
- 2. Any trust of which you or your Spouse is or may become a beneficiary.
- 3. Any trust of which you or your Spouse is serving as trustee.
- C. Powers of Attorney which you or your Spouse may have given.
- D. Directives to Physicians signed by you or your Spouse.
- E. Copies of any gift tax returns which have been filed by you or your spouse.
- F. Marital or premarital agreements between you and your Spouse.
- G. Documents pertaining to divorce or child support obligations of you or your Spouse.
- H. Agreements which would require your estate to sell (or offer) property of yours to others at your death.
- I. Insurance policies.
- J. Any contracts with your employer including employment contracts that provide for payment of benefits at your retirement, death or disability.
- K. Beneficiary forms provided by your employer for benefits payable at your death.
- L. Partnership and Joint Venture Agreements.