**WILL QUESTIONAIRE**

**PERSONAL INFORMATION**

**YOURSELF:**

Full Name:

Social Security Number:

Address:

Telephone:

Work:

Date of birth:

How long have you lived in Texas?

**YOUR SPOUSE:**

Full Name:

Social Security Number:

Address:

Telephone:

Work:

Date of birth:

Date of Your Marriage:

**YOUR CHILDREN**:

1. Full Name:

Social Security Number:

Address:

Telephone:

Work:

Date of birth:

Place of birth:

His or her spouse (if any):

His or her children (if any):

Name:

Age:

2. Full Name:

Social Security Number:

Address:

Telephone:

Home: undefined

Work:

Date of birth:

Place of birth:

His or her spouse (if any):

His or her children (if any):

Name:

Age:

3. Full Name:

Social Security Number:

Address:

Telephone:

Home: undefined

Work:

Date of birth:

Place of birth:

His or her spouse (if any):

His or her children (if any):

Name:

Age:

**ADDITIONAL PERSONAL INFORMATION:**

1 Have you previously been married?

If so, please answer the following:

1. Name of your former spouse:
2. Any children of that marriage?
3. How was the marriage terminated?
4. Do the circumstances of the termination of your prior marriage place any restrictions or limitations on the disposition of your estate (example: ongoing child support obligations. Etc):

2. Do you anticipate having (or adopting) any additional children?

3. Do you have a Will now?

**FINANCIAL INFORMATION**

1. Does the total value of your estate (including life insurance and property owned by your spouse) exceed $600,000?

1. Do you own your home and/or other real estate?
2. Do you own any stocks or bonds?
3. Does anyone owe you money (in excess of $1,000)?
4. Do you own any life insurance policies?
5. Are you or will you be entitled to receive any pension, profit\_sharing, or other type of retirement plans?
6. Do you, your spouse or any of your children have any expectation of inheriting any substantial amount of property from anyone else, such as parents, relatives or friends?
7. Please list your major assets:
8. Please list your major debts:

4. Please list your primary sources of income:

**DISPOSITION OF PROPERTY**

(In other words, “who should get what?”)

Specific items of property (if any) to be left to named persons:

(Note: many times people will leave everything they own to one or more people without specifying individual items of property. If you desire to handle your estate that way, you may skip this section.)

Description of item(s):

Name of person to receive this property:

How is this person related to you?

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Name of person to receive this property:

How is this person related to you?

1. Who do you want to receive the balance of your property?
   1. Name:
   2. % of your estate:
   3. How is this person related to you?
   4. If this person dies before you do, who should get his/her share of your estate?
      1. Name(s):
      2. How is this person(s) related to you:

Second person (if any):

* 1. Name:
  2. % of your estate:
  3. How is this person related to you?

1. Do you want any of your property to be held IN TRUST for a period of time after your death? [For example:  until your spouse dies or until your children reach a certain age.

NOTE: Due to the complexity of trusts, if you have checked "yes" or "undecided" above, we will discuss the specific trust provisions in person or by phone.

**WHO WILL HANDLE YOUR ESTATE?**

**EXECUTOR** (Who will probate your will, sign any necessary tax returns, distribute your property, etc?)

**Primary Executor**:

Full Name:

Social Security Number:

Address:

Telephone:

Work:

How is this person related to you?

Should bond be waived? undefined

Should this person be paid for serving as Executor?

**2. Alternate Executor** (If the person named above is unable or unwilling to serve as your Executor, then who do you want to serve as Executor?)

Full Name:

Social Security Number:

Address:

Telephone:

Work:

How is this person related to you?

Should bond be waived? undefined

Should this person be paid for serving as Executor?

**GUARDIAN**

Who will take care of your minor children in the event of your death?  (We will discuss who will take care of your child's estate after you have completed this questionnaire)

**Primary Guardian**

Full Name:

Social Security Number:

Address:

Telephone:

Work:

How is this person related to you?

**Alternate Guardian**

(If the primary guardian is unable or unwilling to serve, then who do you want to serve as Guardian?)

Full Name:

Social Security Number:

Address:

Telephone:

Work:

How is this person related to you?

**TRUSTEE**

Who will manage and control the property placed in trust (if any)?

NOTE:  If you are considering a Trust, we will discuss its terms and provisions after you have completed this questionnaire.

**Primary Trustee**

1. Full Name:
2. Social Security Number:
3. Address:
4. Telephone:
5. Work:
6. How is this person related to you?
7. Should this person be paid for serving as Trustee?
8. **Alternate Trustee** (If the person named above is unable or unwilling to serve as Trustee, then who do you want to serve as Trustee?)
9. Full Name:
10. Social Security Number:
11. Address:
12. Telephone:
13. Work:
14. How is this person related to you?
15. Should this person be paid for serving as Trustee?

QUESTIONS, COMMENTS, OR ADDITIONAL INFORMATION?

Can I send this?