E1001S

ATTORNEY-CLIENT PRIVILEGED INFORMATION

Estate Planning Client Questionnaire (Small Estates - Routine Dispositions)

You		Your spouse	
Name			
Date of Birth			
Social Security No.			
1. Permanent home address			
2. Telephone Number		_	
3. Business address			
4. At which address do you wish	to be contacted?	Home or	Business
5. How long have you lived in Texas?		6. In what county do you live?	
7. Are you (and your spouse) Unit	ited States citizens?		
8. In what state were you married	?		
9. Children, Grandchildren and C	Other Dependents		
Name Add	lress	Date of Birth	Relationship
10. Marital history (for each of yo)		
	You	Your spouse	
Were you previously married?	100	Tour spouse	
If so, how many times?			
If so, did you have children with your former spouse			
11. What is your approximate pre	esent net worth?		
12. Are you or your spouse the be	eneficiary of any trust? _		
			ion?
		14. Is this business an S corporat	ion?
 13. Do you or your spouse own a 15. Estate Planning Objectives 	business?		

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B. Provision for Spouse at Death _____ C. Provision for Children at Death _____ D. Gift Program for Spouse and Children E. Gifts to Charities _____ 16. Do you currently have any of the following: (if so, please identify the location) Will(s) ______ Revocable Trust(s) Irrevocable Trust(s) _____ Other pertinent documents (e.g., durable power of attorney, health care power of attorney, life insurance policies, annuity contracts, real property deeds, etc.) 17. Have you ever filed a Gift Tax Return? 18. Who are your Current Advisors (names and addresses) Other Attorneys Accountant _____ Life Insurance Agent _____ Closest relative(s) 19. Trusted persons: In the event you and your spouse are not able to make decisions due to death, incapacity, etc., please list the names and addresses of the persons you would want to serve as executors of your estate, Trustees of any trusts, guardians of your children, and agents in the event you cannot make decisions: