

MARRIED COUPLE'S ESTATE PLANNING INFORMATION

This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial estate planning for your situation. Because estate planning has personal as well as tax implications, detailed information is important to create the best estate plan for you. If the question does not apply to you, please indicate "N/A." The information you provide is held in strict confidence.

Part I: Personal Information

1. Husband's full legal name:
2. Wife's full legal name:
3. Any other names by which either of you has ever been known:
Husband:
Wife:
4. Your home address:
5. Your mailing address, if different:
6. County of your residence:
7. Your home phone number:
8. Husband's cellular phone number:
9. Wife's cellular phone number:
10. Husband's employer:
Position:
Work address:

Work phone number:
11. Wife's employer:
Position:
Work address:

Work phone number:
12. Husband's date of birth:
13. Wife's date of birth:
14. Husband's social security number:
15. Wife's social security number:

16. Please list your children, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. Do you have any children with disabilities or special needs? If so, please explain:

18. Please list your grandchildren, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. Please list your great-grandchildren, if any:

Name	Address	Birthday	Adopted?	Married?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Please list your husband's parents:

Name	Address	Birthday	Deceased, married or single?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Please list your wife's parents:

Name	Address	Birthday	Deceased, married or single?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Please tell us about your marital situation:

- a. When did you get married?
- b. Where did you get married?
- c. What states or countries have you lived in during your marriage?
- d. Have either of you entered into any pre-marital or post-marital agreement affecting your rights in each other's property?

(If yes, we may ask you to provide a copy of the agreement.)

- e. Has either of you been married before?
 - i. Husband?
 - ii. Wife?
 - f. If yes, when and for how long?
 - i. Husband:
 - ii. Wife:
 - g. Name(s) of the former spouse:
 - h. Where was the marriage to the former spouse performed?
 - i. Where and when was the divorce finalized?
 - j. If the former spouse is deceased, when did his or her death occur?
 - k. List any children of the former marriage:
 - l. List any children outside of marriage:
 - m. Please describe any alimony or child support either of you is obligated to pay or entitled to receive:
23. Have either of you ever served in the military?
If yes, please list the branch, date of discharge and serial number:
24. List each country of citizenship:
 - a. Husband:
 - b. Wife:

Part II: Information About Your Assets

- Please put an estimated value on each asset owned by you or your spouse and indicate which of you owns the asset by listing it in the appropriate column.

ASSETS

Assets	Owned by Husband	Owned by Wife	Owned Jointly
Home	\$ _____	\$ _____	\$ _____
Vacation Home	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Checking Accounts	\$ _____	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____	\$ _____
Certificates Of Deposit	\$ _____	\$ _____	\$ _____
Money Market	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Securities	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Furniture	\$ _____	\$ _____	\$ _____
Vehicles	\$ _____	\$ _____	\$ _____

Annuities	\$ _____	\$ _____	\$ _____
Jewelry	\$ _____	\$ _____	\$ _____
Collectibles	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
401(k) or Keogh	\$ _____	\$ _____	\$ _____
Other Retirement Plans	\$ _____	\$ _____	\$ _____
Closely-Held Stock	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

LIABILITIES

Liabilities	Of Husband	Of Wife	Joint
Home Mortgage	\$ _____	\$ _____	\$ _____
Other Mortgage	\$ _____	\$ _____	\$ _____
Other Mortgage	\$ _____	\$ _____	\$ _____
Auto Loans	\$ _____	\$ _____	\$ _____
Other debt	\$ _____	\$ _____	\$ _____
Other debt	\$ _____	\$ _____	\$ _____
Other debt	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____	\$ _____

2. Please list all real property owned by either of you, if there are any other owners and how ownership in that property is held:

(We may ask you to provide a copy of the deeds for any real estate you currently own.)

3. Are any of your debts insured?
If yes, which ones?

4. Have either of you ever filed a federal gift tax return?
If yes, what was the total amount of gift tax paid:
By Husband:
By Wife:

(We may ask you to provide a copy of each such return.)

5. Have either of you ever established any trusts?
If yes, please explain:

What is the current value of the assets placed in each trust?

(We may ask you to provide a copy of the trust documents.)

6. Is either of you the current or prospective beneficiary or trustee under a trust instrument established by any other person?
If yes, please explain:

7. Is either of you the owner of any oil and gas exploration interests?
If yes, please describe them:

(We may ask you to provide a copy of any available documentation, such as mineral deeds or division order.)

8. Are either of you involved in a closely held business?

If yes, what is its name and address?

How is it organized (i.e., proprietorship, partnership, corporation, etc.)?

Name all the owners of the business and ownership percentage:

9. Do you have an accountant?

If yes, please list name, address and phone number:

10. Do you have an investment advisor or financial planner?

If yes, please list name, address and phone number:

Part III: Disposition of Assets and Guardian of Children

NOTE: If any of these answers are different for husband and wife, please indicate.

1. Please state generally how you would like your assets to be distributed upon your death:

2. Please state any special gifts to individuals, e.g., heirlooms, jewelry or other personal property you want given to someone in particular:

3. Are there any charitable organizations you are involved in or interested in supporting?

If yes, please give name, address and phone number:

4. If you were to die before all your children reached adulthood, who would you want to be their guardian of your minor children? Please list name, address and phone numbers:

Please state 2 alternates if the guardian is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

5. Who would you like to name as the executors of your wills? Please list name, address and phone numbers:

Please state 2 alternates if the executor is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

6. Who would you like to name as trustee over the finances for your children? Please list name, address and phone numbers:

Please state 2 alternates if the trustee is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

7. Who would you like to name as a person to handle your finances in the case of your incapacity? Please list name, address and phone numbers:

Please state 2 alternates if this person is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

8. Who would you like to name as a person to make medical decisions for you in the event of your incapacity? Please list name, address and phone numbers:

Please state 2 alternates if this person is unable or unwilling to take this responsibility. Please list names, addresses and phone numbers:

Name(s) of person(s) completing the questionnaire

Date

Thank you for taking the time to complete this questionnaire. Please send it to Julia Dean at julia@juliadeanlaw.com or bring it with you to our conference.

JULIA KURTZ DEAN
THE DEAN LAW FIRM, PLLC
THE OFFICES AT KENSINGTON
1650 HIGHWAY 6 SOUTH, SUITE 170
SUGAR LAND, TX 77478
TEL: 281-277-DEAN (3326) • FAX: 281-277-1534
julia@juliadeanlaw.com