

Benenati Law Firm

A Professional Corporation

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Estate Planning Questionnaire (Single With Children)

This questionnaire consists of questions that are related to your estate planning. It is designed to streamline the estate planning process by supplying information that is generally required to commence your estate plan. Please provide names as you want them to appear in your estate planning documents.

1. Name: _____

Preferred Name for Legal Documents: _____

Date of Birth: _____

Citizenship: _____

Business/Employer: _____

2. Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Telephone: _____

Work Telephone: _____ FAX: _____

Cell Telephone: _____ Email Address: _____

Who referred you to us? _____

3. Please list all children.

Name(s) of Child(ren)	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

4. Please complete the following statement of assets and liabilities generally reflecting the fair market value of your assets.

ASSETS

LIABILITIES

Cash:	\$ _____	Mortgage:	\$ _____
Investments: (Other than Retirement)	\$ _____	Secured Debt:	\$ _____
Closely-owned Businesses:	\$ _____	Other Debt:	\$ _____
Residence:	\$ _____		
Other Residence:	\$ _____		
Cars:	\$ _____		
Personal Effects:	\$ _____		
IRA's & Retirement:	\$ _____		
Face Value of Life Insurance:	\$ _____		
Other:	\$ _____		
TOTAL	\$ _____		\$ _____

5. Please list life insurance policies that you own and indicate whose life it insures.

<u>Company</u>	<u>Insured</u>	<u>Face Amount</u>	<u>Cash Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Do you expect to inherit a substantial amount of property? Yes _____ No _____

If yes, please indicate the nature and extent of this property and the state in which it is located:

If you own real estate in another state, please indicate which state _____

7. If you are a beneficiary under a trust established by someone other than yourself, please indicate below:

If you are a beneficiary under a trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power:

8. **Appointing a GUARDIAN:** If you have children under 18, the guardian is an individual or couple whom you appoint to raise your children in the event you should pass away. The guardian generally will receive distributions from your trustee for the support, maintenance, health and education of your children. Whom do you want to appoint as guardian to raise your children if you pass away? Please indicate a successor if the person or couple initially named are unable to serve.

Guardian: _____

Successor(s): _____

9. Choosing your **EXECUTOR**: The Executor is the person you appoint to settle the affairs of your estate. Adult children, a bank, another relative, or a very reliable and long time friend may be named as Executor. Whom do you want to appoint as Executor of your estate? Please indicate successors if the person initially named is unable to serve.

Executor: _____

Successor(s): _____

10. Naming a **TRUSTEE**: There are tax reasons that a trust may be appropriate for your benefit. You may want to name a trustee to manage your property if you are not able. You may name an individual alone or as a co-trustee with a group of individuals.

Do you authorize Trustee to require, at the Trustee's discretion, beneficiary(ies) to submit to a drug test prior to receiving distribution? Yes _____ No _____

If a trust is appropriate, whom do you want to appoint as trustee or co-trustees? Please indicate successors if the person initially named is unable to serve.

Trustee: _____

Successor(s): _____

Most people believe that their children should not receive total control of a large inheritance in a single lump sum. Frequently two or three distributions are spread over five year intervals, such as at ages 30, 35, and 40. Please indicate your thoughts about the right ages for principal distributions to your children.

Ages of distribution: _____, _____, _____, or

_____.

11. Do you authorize Trustee to require beneficiary(ies) to submit to a drug test prior to receiving distribution? Yes _____ No _____

12. If you survive your children, to whom do you want to leave your property?

13. Other documents that complement your Wills include a Directive to Physicians, a financial Power of Attorney, a Health Care Power of Attorney, and a Declaration of Guardianship.

- a. The **DIRECTIVE TO PHYSICIANS** directs that in the event artificial procedures are used to sustain your life, such life sustaining procedures are to be removed. Also, if you are mentally incapacitated and terminally ill, which is defined as not more than six (6) months to live, you ask that all further treatment and procedures be terminated and you be made comfortable.

Do you desire a DIRECTIVE TO PHYSICIANS ? Yes _____ No _____

- b. The purpose of the financial **POWER OF ATTORNEY** is to name an agent to handle your financial affairs. This is designed to avoid a costly guardianship proceeding. Whom do you want to serve as your agent? Please indicate a successor if your designated agent is unable to serve.

Agent: _____

Address: _____

Telephone: _____

**1st Successor
Agent:**

Address: _____

Telephone: _____

**2nd Successor
Agent:**

Address: _____

Telephone: _____

- c. A **HEALTH CARE POWER OF ATTORNEY** designates an agent who may make health care decisions for you in the event of your incapacity. Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

PLEASE PROVIDE THE ADDRESSES AND TELEPHONE NUMBERS OF DESIGNATED AGENTS AND SUCCESSORS.

Agent: _____

Address: _____

Telephone: _____

1st Successor Agent: _____

Address: _____

Telephone: _____

2nd Successor Agent: _____

Address: _____

Telephone: _____

- d. A **DECLARATION OF GUARDIANSHIP** gives you the ability to designate those persons who you specifically want to serve as your guardian should you need one. You may also designate specific persons who you do not want to serve as your guardian. Although the Financial Power of Attorney as well as the Health Care Power of Attorney are both designed to prevent guardianships, a guardianship may still be necessary. Whom do you want **not** to serve?

Not to serve as a guardian: _____

Not to serve as a guardian: _____

14. The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) **AUTHORIZATION** gives you the ability to designate those persons to whom a covered entity (being a health care provider as defined by HIPAA) is permitted to disclose protected health information regarding your health. **If you would like to have this authorization form prepared, please provide the addresses and telephone numbers of those designated to receive protected health information regarding your health.**

Name : _____

Address: _____

Phone: _____

Name : _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Please note: if you choose to complete the HIPAA Authorization, all persons named have equal access to your health information.

15. **SAFEKEEPING:** These are important documents. I encourage you to place the originals of these documents in a safety deposit box or other secure and fire proof place. My office will maintain signed copies for emergency reference.

16. **MISCELLANEOUS ESTATE PLANNING INFORMATION:**

If you desire to set out specific property, please list the information requested.

Personal Property Description

Person to Receive Property

