

Benenati Law Firm

A Professional Corporation

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Estate Planning Questionnaire (Married)

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.

DATE: _____

1. Husband's Name: _____
Preferred Name for Legal Documents: _____
Date of Birth: _____
Citizenship: _____ Business/Employer: _____
Work Telephone: _____ Cell Telephone: _____

2. Wife's Name: _____
Preferred Name for Legal Documents: _____
Date of Birth: _____
Citizenship: _____ Business/Employer: _____
Work Telephone: _____ Cell Telephone: _____

3. Home Address: _____
City, State, Zip & County: _____
Home Telephone: _____ Email Address: _____
State of Domicile: _____ Year Domicile Established: _____

Who referred you? _____

4. Date of Marriage: _____ Place of Marriage: _____
Do you have a premarital and/or marital agreement? _____

5. Have either of you been married before? Husband: _____ Wife: _____
 Name of former spouse(s), if any: _____
 Did such marriage(s) terminate by divorce? Yes ____ No ____
 If yes, are there ongoing obligations pursuant to the divorce decree? Yes ____ No ____
 Explain: _____

6. Please list all children (from prior marriages also). If there are children from a prior marriage, indicate which are his, hers, or ours.

<u>Name(s) of Child(ren)*</u>	<u>Date of Birth</u>	<u>His/Hers/Ours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If any child suffers from a mental or physical disability, please circle that child's name. This information will aid us in determining whether special planning is needed in order to avoid any disruption in benefits for such child.

Were any children conceived through reproductive assistance? Yes ____ No ____

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

<u>ASSETS</u>		<u>LIABILITIES</u>	
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:	\$ _____		
TOTALS	\$ _____		\$ _____

8. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Do either of 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:

Husband: _____

Wife: _____

10. If you own real estate in another state, please indicate which state:

Husband: _____

Wife: _____

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

Husband: _____

Wife: _____

12. 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:

Husband: _____

Wife: _____

13. Do you own interests in a closely-held business? Yes ____ No ____

If yes, have you planned for how the business will be managed and transitioned at your death? Yes ____ No ____

If no, please provide information regarding your desires for management and transition of such business.

Is your ownership subject to a buy-sell agreement? Yes ____ No ____

14. 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.

Husband's Will

Wife's Will

Initial Guardian*: _____

Successor(s): _____

*If you are appointing a couple as guardians, please indicate which spouse is a blood relative.

15. 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.

Husband's Will

Wife's Will

Initial Executor: _____

Successor(s): _____

16. 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. 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.

Husband's Trust

Wife's Trust

Initial Trustee: _____

Successor(s): _____

Trustee for Children's Trusts

Initial 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: _____

Other option, if any: _____

17. If the Trustee deems it necessary or prudent that your beneficiary(ies) submit to a drug test prior to receiving distribution, do you authorize the Trustee to do so? Yes ____ No ____

18. If the Trustee deems it necessary or prudent to margin trust investments, do you want the Trustee to have such power? If so, do you want to limit that power in any way (i.e., limit such power to a certain percentage of the trust value)? Yes ____ No ____

Limitation, if any: _____

19. If you, your spouse and all descendants die in a common accident, to whom do you want to leave your property?

Husband: _____

Wife: _____

20. **MISCELLANEOUS ESTATE PLANNING INFORMATION:**

Do you own any firearms? Yes ____ No ____

If yes, are any firearms, weapons, etc. classified as Title II firearms pursuant to the National Firearms Act? Yes ____ No ____

Are you interested in a NFA Trust? Yes ____ No ____

If you desire to set out specific property, please provide a description of such property and the person to whom you would like to leave that property to.

Personal Property Description

Person to Receive Property

21. Other documents that complement your Wills include a Directive to Physicians, a Statutory Durable Power of Attorney (also known as a financial power of attorney), a Durable Power of Attorney for Health Care, a Declaration of Guardianship, and HIPAA Authorization.

- 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?

Husband: Yes ____ No ____

Wife: Yes ____ No ____

- b. The purpose of the **STATUTORY DURABLE POWER OF ATTORNEY** (also known as a 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. **PLEASE PROVIDE THE ADDRESSES AND TELEPHONE NUMBERS OF DESIGNATED AGENTS AND SUCCESSORS.**

Husband

Agent: _____

Address: _____

Phone: _____

Wife

Agent: _____

Address: _____

Phone: _____

1st Successor

Agent: _____

Address: _____

Phone: _____

Agent: _____

Address: _____

Phone: _____

2nd Successor

Agent: _____

Address: _____

Phone: _____

Agent: _____

Address: _____

Phone: _____

- c. A **DURABLE POWER OF ATTORNEY FOR HEALTH CARE** 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.**

Husband

Agent: _____

Address: _____

Phone: _____

Wife

Agent: _____

Address: _____

Phone: _____

1st Successor

Agent: _____

Address: _____

Phone: _____

Agent: _____

Address: _____

Phone: _____

2nd Successor

Agent: _____

Address: _____

Phone: _____

Agent: _____

Address: _____

Phone: _____

- 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 Statutory Durable Power of Attorney as well as the Durable Power of Attorney for Health Care are both designed to prevent guardianships, a guardianship may still be necessary. Whom do you want **not** to serve?

Husband: Not to serve as a guardian: _____

Wife: Not to serve as a guardian: _____

22. 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. All persons named have equal access to your health information. **PLEASE PROVIDE THE ADDRESSES AND TELEPHONE NUMBERS OF THOSE DESIGNATED TO RECEIVE PROTECTED HEALTH INFORMATION REGARDING YOUR HEALTH.**

Husband

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Wife

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

23. **DIGITAL ASSETS:** Do not forget your digital assets! Digital assets can be the most troublesome to deal with upon incapacity and/or death. Some examples of digital assets are personal assets (i.e., Flickr, Instagram, Shutterfly), social media assets (i.e., Facebook, Twitter, email accounts), financial assets (i.e., online access to bank and investment accounts, online shopping accounts), and business accounts (i.e., eBay, Dropbox). We recommend that you keep an inventory of each of these assets that lists, at a minimum, domain name, user name, and password and update the inventory at least annually. This list will aid your family and Executor to shut down all necessary accounts upon your death. At your request, we will provide a chart that will assist you in preparing this inventory. A copy of the inventory should be placed with your other original documents pursuant to Paragraph 24 below.

24. **SAFEKEEPING:** These are important documents. We encourage you to place the originals of these documents in a safety deposit box or other secure and fire proof place. If you place your estate planning documents in your safety deposit box, then we suggest you title the safety deposit box in the name of the trust, if one is created, so that your successor Trustee has access to your documents upon your death; provided, however, if the safety deposit box remains titled in your name, then we suggest naming someone else that you trust with access so that upon your death that person has access and a court order will not be required to gain access to your safety deposit box. If provided by you, our office will maintain signed copies of the access card for emergency reference.