

# Benenati Law Firm

A Professional Corporation

2816 Bedford Road, Bedford, TX 76021

Metro (817) 267-4529

Toll Free (866) 592-1761

Fax (817) 684-9000

[www.benenatilaw.com](http://www.benenatilaw.com)

## Estate Planning Questionnaire (Single)

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. Name: \_\_\_\_\_  
Preferred Name for Legal Documents: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Business/Employer: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_
  
2. Home Address: \_\_\_\_\_  
City, State, Zip & County: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
State of Domicile: \_\_\_\_\_ Year Domicile Established: \_\_\_\_\_  
  
Who referred you? \_\_\_\_\_
  
3. Have you been married before? Yes \_\_\_\_ No \_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_

4. Please list all of your children.

**Name(s) of Child(ren)\***

**Date of Birth**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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 \_\_\_\_

5. 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: \$ \_\_\_\_\_

TOTALS \$ \_\_\_\_\_

\$ \_\_\_\_\_

6. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. 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:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

10. 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:

\_\_\_\_\_  
\_\_\_\_\_

11. 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 \_\_\_\_

Do you desire a special person to be appointed to make all business decisions should you be unable to do so? Yes \_\_\_\_ No \_\_\_\_

12. 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 health, education, maintenance, and support 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.

Initial Guardian\*: \_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

13. 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.

Initial Executor: \_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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.

Initial Trustee: \_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Trustee for Children's Trusts

Initial Trustee: \_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

17. If the Trustee deems it necessary or prudent to margin trust investments, do you want the Trustee to have such power? Yes \_\_\_\_ No \_\_\_\_

If yes, do you want to limit that power in any way (i.e., limit such power to a certain percentage of the trust value) or remove the power completely? Yes \_\_\_\_ No \_\_\_\_

Limitation/Removal: \_\_\_\_\_

18. **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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Other documents that complement your Will 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 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.**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**1<sup>st</sup> Successor**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**2<sup>nd</sup> Successor**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

- b. 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 \_\_\_\_\_

- 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.**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**1<sup>st</sup> Successor**

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**2<sup>nd</sup> Successor**

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?

Not to serve as a guardian: \_\_\_\_\_

20. 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.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

21. **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 22 below.

22. **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.