



# The Law Office Mario Flores, PLLC

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## ESTATE PLANNING QUESTIONNAIRE

Please fill out this questionnaire as completely and accurately as possible. If time allows, please return the completed form to us before our first meeting; otherwise, bring the completed form with you to our meeting. This family and financial information will help us to better analyze your estate planning needs and will shorten the length of time needed for the meeting. All information contained in this questionnaire is *strictly confidential*.

### PART I - PERSONAL INFORMATION

Husband's name \_\_\_\_\_  
(first) (m.i.) (last)

Wife's name \_\_\_\_\_  
(first) (m.i.) (last)

Home address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Home fax (\_\_\_\_) \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

#### HUSBAND

#### WIFE

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Business Fax (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Business E-mail (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Sec. No. \_\_\_\_\_

U.S. Citizen?  Yes  No  Yes  No

If no, please specify citizenship \_\_\_\_\_

Previous Marriage  Yes  No  Yes  No

If yes, please specify name of prior spouse and year of death or divorce \_\_\_\_\_

\_\_\_\_\_

**CHILDREN OF THE MARRIAGE**

Name	Address	Date of Birth	Married?		No. of Children
			Yes	No	
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**PRIOR MARRIAGES: CHILDREN FROM PRIOR MARRIAGES**

Name	Address	Date of Birth	Married?		No. of Children
			Yes	No	
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____ _____ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ADVISORS**

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Investment	_____	Phone No. (____)	_____
	_____		
Accountant	_____	Phone No. (____)	_____
	_____		
Life Insurance	_____	Phone No. (____)	_____
	_____		

Please describe briefly any special goals and/or concerns for yourselves and your family members such as health concerns or ability to handle finances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you created any trusts?  Yes  No. If yes, please bring copies of these documents with you to our meeting. Other documents that would be helpful for you to bring if readily available are Wills, deeds, powers of attorney, recent financial statements and recent statements for investment accounts.

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**PART II - GENERAL INFORMATION**

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1. Are all members of the family in good health?  Yes  No
2. In general, how much inheritance do you expect from parents, if living?  
\_\_\_\_\_
3. Do you or any of your children have any expectation of inheriting any substantial amount of property from anyone other than parents?  Yes  No  
If so, please specify: \_\_\_\_\_
4. Are you or any of your children a beneficiary or trustee of any trusts?  Yes  No  
If so, please bring a copy of any such trust, if available, to our conference.
5. Have you ever filed any U.S. Gift Tax Returns?  Yes  No  
If so, please bring copies of the returns, to our conference.
6. Have you entered into any marital property agreements, divorce decrees, or other similar documents relating to a previous marriage?  Yes  No  
If so, please bring a copy of any such agreement, to our conference.
7. Do you own any property as "joint tenants with right of survivorship"?  
 Yes  No

8. Do you own any property located outside of Texas?  Yes  No  
If so, please bring description and location of such property: \_\_\_\_\_  
\_\_\_\_\_

9. Do you hold any property as "trustee" or as "custodian under the Uniform Transfers to Minors Act"?  Yes  No  
  
If so, give general description and estimated value of such property and name of beneficiary: \_\_\_\_\_  
\_\_\_\_\_

**HUSBAND'S WILL:**

In your own words, describe the way you want your property to pass under your Will.  
(Use back of sheet, if necessary.)

HUSBAND'S OBJECTIVES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIFIC GIFTS**

Would you like to make gifts of specific cash amounts or particular items of personal property (heirlooms, jewelry, art objects, auto, etc.) or real property to particular individuals?  Yes  No  
If so, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to include gifts of a charitable nature:  Yes  No  
If so, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXECUTOR** *(This is your agent that will administer your will.)*

Executor of Will (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_  
Alternate Executor (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_  
2nd Alternate Executor (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_

**TRUSTEE** *(This is your agent that will administer and oversee your trust(s).)*

If there is to be a trust, please state:  
  
Trustee (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_  
Alternate Trustee (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_  
2nd Alternate Trustee (name, relationship to you, address & phone #): \_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN**

If there are any minor children, who should be named legal guardian of the children in event of your death?

Guardian (name, relationship to you, address & phone #): \_\_\_\_\_

Guardian's spouse: \_\_\_\_\_

Alternate Guardian (name, relationship to you, address & phone #): \_\_\_\_\_

Alternate Guardian's spouse: \_\_\_\_\_

**WIFE'S WILL:**

In your own words, describe the way you want your property to pass under your Will. (Use back of sheet, if necessary.)

WIFE'S OBJECTIVES: \_\_\_\_\_

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

**SPECIFIC GIFTS**

Would you like to make gifts of specific cash amounts or particular items of personal property (heirlooms, jewelry, art objects, auto, etc.) or real property to particular individuals?  Yes  No

If so, please specify: \_\_\_\_\_

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

Do you wish to include gifts of a charitable nature:  Yes  No

If so, please specify: \_\_\_\_\_

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

**EXECUTOR** *(This is your agent that will administer your will.)*

Executor of Will (name, relationship to you, address & phone #): \_\_\_\_\_

\_\_\_\_\_  
Alternate Executor (name, relationship to you, address & phone #): \_\_\_\_\_

2nd Alternate Executor (name, relationship to you, address & phone #): \_\_\_\_\_

\_\_\_\_\_

**TRUSTEE** *(This is your agent that will administer and oversee your trust(s).)*

If there is to be a trust, please state:

Trustee (name, relationship to you, address & phone #): \_\_\_\_\_

\_\_\_\_\_  
Alternate Trustee (name, relationship to you, address & phone #): \_\_\_\_\_

2nd Alternate Trustee (name, relationship to you, address & phone #): \_\_\_\_\_

\_\_\_\_\_

**GUARDIAN**

If there are any minor children, who should be named legal guardian of the children in event of your death?

Guardian (name, relationship to you, address & phone #): \_\_\_\_\_

Guardian's spouse: \_\_\_\_\_

Alternate Guardian (name, relationship to you, address & phone #): \_\_\_\_\_

Alternate Guardian's spouse: \_\_\_\_\_

**AGENTS IN THE EVENT OF HUSBAND'S DISABILITY**

**Statutory Durable Power of Attorney:** If you would like to execute a power of attorney naming an agent to handle financial affairs, please provide the following:

Agent (name & relationship to you): \_\_\_\_\_

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

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

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

**Medical Power of Attorney:** If you would like to execute a power of attorney naming an agent to make health care decisions should you be unable to, please provide the following:

Agent (name & relationship to you): \_\_\_\_\_

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

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

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

**Authorization for Protected Health Information:** Permits the named persons to act on your behalf to have access to your medical information.

Agent (name & relationship to you): \_\_\_\_\_

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

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

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

If you would like to execute a declaration of guardian in case a court-appointed guardian for you is ever necessary, please provide the following:

**Guardian of the Person**

Guardian (name & relationship to you): \_\_\_\_\_

1<sup>st</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

2<sup>nd</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

**Guardian of the Estate**

Guardian (name & relationship to you): \_\_\_\_\_

1<sup>st</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

2<sup>nd</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

**AGENTS IN THE EVENT OF WIFE'S DISABILITY**

**Statutory Durable Power of Attorney:** If you would like to execute a power of attorney naming an agent to handle financial affairs, please provide the following:

Agent (name & relationship to you): \_\_\_\_\_

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

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

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_

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

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

**Medical Power of Attorney:** If you would like to execute a power of attorney naming an agent to make health care decisions should you be unable to, please provide the following:

Agent (name & relationship to you): \_\_\_\_\_

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

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

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Authorization for Protected Health Information:** Permits the named persons to act on your behalf to have access to your medical information.

Agent (name & relationship to you): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

1<sup>st</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate Agent (name & relationship to you): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

If you would like to execute a declaration of guardian in case a court-appointed guardian for you is ever necessary, please provide the following:

**Guardian of the Person**

Guardian (name & relationship to you): \_\_\_\_\_  
1<sup>st</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_  
2<sup>nd</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

**Guardian of the Estate**

Guardian (name & relationship to you): \_\_\_\_\_  
1<sup>st</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_  
2<sup>nd</sup> Alternate Guardian (name & relationship to you): \_\_\_\_\_

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**PART III - SUMMARY OF ASSETS AND LIABILITIES**

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As of \_\_\_\_\_

\*If you need more space, please attach an additional sheet.

***INCOME***

Husband's salary \$ \_\_\_\_\_ Wife's salary \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_ Dividend/Interest \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Please add together all assets in a particular category, if any, and indicate their approximate aggregate value. List separately community property, husband's separate property and wife's separate property. Community property includes all property acquired during the marriage except by gift or inheritance (regardless of how the property is titled). Separate property includes



property acquired by one of you before the marriage (even if community property has been used to make premium payments, installment payments on a note, etc.), as well as property acquired by one spouse by gift or inheritance during the marriage.

	<u>Community</u>	<u>Husband's Separate Property</u>	<u>Wife's Separate Property</u>
<b>CASH</b>			
Checking and savings account	\$ _____	\$ _____	\$ _____
Certificates of deposit	\$ _____	\$ _____	\$ _____
Money market accounts	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

**INVESTMENT ACCOUNTS**

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____

**OTHER INVESTMENTS**

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____

**RETIREMENT ASSETS**

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>	<u>Plan 4</u>
Type (e.g., 401K, IRA, etc.)	_____	_____	_____	_____
Participant	_____	_____	_____	_____
Current value	\$ _____	\$ _____	\$ _____	\$ _____
Designated beneficiary(ies)	_____	_____	_____	_____
Annual contribution	\$ _____	\$ _____	\$ _____	\$ _____

	<u>Community</u>	<u>Husband's Separate Property</u>	<u>Wife's Separate Property</u>
<b>REAL ESTATE</b>			
(please provide address)			
1. _____ (Principal Residence)	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____

**NOTES AND ACCOUNTS RECEIVABLE**

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

**MISCELLANEOUS ASSETS**

Tangible personal property	\$ _____	\$ _____	\$ _____
Motor vehicles and/or boats	\$ _____	\$ _____	\$ _____
Future inheritance	\$ _____	\$ _____	\$ _____
Oil, gas, mineral interests	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

**BUSINESS OR PROFESSIONAL PRACTICE**

Type and name of business: \_\_\_\_\_

Organization of business:     S Corporation     C Corporation     Partnership  
     Sole Proprietor     Limited Liability Company

Ownership percentages: Community \_\_\_\_%    Husband \_\_\_\_%    Wife \_\_\_\_%    Other \_\_\_\_%

Estimated fair market value \$ \_\_\_\_\_ Face value of life insurance owner by business \$ \_\_\_\_\_

At what rate is the value of your business growing each year? \_\_\_\_\_%

Is there a buy/sell agreement in place?     Yes     No    If yes, what is date of agreement?

\_\_\_\_\_

Long term, do you wish to G sell your interest or G pass it on to other family members?

<b>LIFE INSURANCE</b>	<u>Policy 1</u>	<u>Policy 2</u>	<u>Policy 3</u>	<u>Policy 4</u>
Insurance company	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Designated beneficiary(ies)	_____	_____	_____	_____
Face value	\$ _____	\$ _____	\$ _____	\$ _____
Cash value	\$ _____	\$ _____	\$ _____	\$ _____

**LIABILITIES**

Residence:		Accounts Payable
Primary mortgage	\$ _____	Personal loans \$ _____
Second mortgage	\$ _____	Business loans \$ _____
Other real estate mortgages	\$ _____	Other debts \$ _____