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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

| | | | |
|----------------|-------|------------------|-------|
| 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.

PART II - GENERAL INFORMATION

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: _____

1st Alternate Agent (name & relationship to you): _____

Address: _____

Phone: _____

2nd 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: _____

1st Alternate Agent (name & relationship to you): _____

Address: _____

Phone: _____

2nd 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: _____

1st Alternate Agent (name & relationship to you): _____

Address: _____

Phone: _____

2nd 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): _____

1st Alternate Guardian (name & relationship to you): _____

2nd Alternate Guardian (name & relationship to you): _____

Guardian of the Estate

Guardian (name & relationship to you): _____

1st Alternate Guardian (name & relationship to you): _____

2nd 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: _____

1st Alternate Agent (name & relationship to you): _____

Address: _____

Phone: _____

2nd 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: _____

1st Alternate Agent (name & relationship to you): _____
Address: _____
Phone: _____

2nd 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: _____

1st Alternate Agent (name & relationship to you): _____
Address: _____
Phone: _____

2nd 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): _____
1st Alternate Guardian (name & relationship to you): _____
2nd Alternate Guardian (name & relationship to you): _____

Guardian of the Estate

Guardian (name & relationship to you): _____
1st Alternate Guardian (name & relationship to you): _____
2nd Alternate Guardian (name & relationship to you): _____

PART III - SUMMARY OF ASSETS AND LIABILITIES

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> |
|------------------------------|------------------|--|-------------------------------------|
| CASH | | | |
| 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> |
|-----------------------------------|------------------|--|-------------------------------------|
| REAL ESTATE | | | |
| (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?

| <i>LIFE INSURANCE</i> | <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 \$ _____ |