



ASKEW LEGAL

CONFIDENTIAL

ESTATE PLANNING AND ASSET QUESTIONNAIRE

I. PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Prefer to be called: _____

Date of birth: _____
(month) (day) (year)

Your current permanent address [*street, city, county, state, zip code*]:

Home phone #: _____ Cell phone #: _____

E-mail: _____ E-mail contact OK? Yes No

Have you previously executed a will or established any trusts? Yes No
If yes, please bring a copy of what you currently have in place.

II. FAMILY INFORMATION

A. CHILDREN

1. Name: _____

Address: _____

Date of Birth: _____

Does this child have children? Yes No If yes, how many? _____

Home phone #: _____ Cell phone #: _____

E-mail: _____ Work phone #: _____

E-mail contact OK? Yes No

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2. Name: _____
Address: _____
Date of Birth: _____
Does this child have children? Yes No If yes, how many? _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
E-mail contact OK? Yes No

3. Name: _____
Address: _____
Date of Birth: _____
Does this child have children? Yes No If yes, how many? _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
E-mail contact OK? Yes No

4. Name: _____
Address: _____
Date of Birth: _____
Does this child have children? Yes No If yes, how many? _____
Home phone #: _____ Cell phone #: _____
E-mail: _____ Work phone #: _____
E-mail contact OK? Yes No

Do you have any deceased children? Yes No
If yes, did they leave surviving children? Yes No



III. ASSET INFORMATION

1. Please estimate the value of your estate (including life insurance):

Less than or equal to \$1,500,000

Greater than \$1,500,000 but less than \$3,000,000

Greater than \$3,000,000

2. Do you own any real property that is not located in the State of Texas?

Yes No

3. Do you own any separate property? If so, please complete the following:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. What is the total value of all IRA accounts? \$ _____

5. What is the total value of all retirement plans? \$ _____

6. Please provide the following details about any and all real estate you own:

<u>Owner</u>	<u>Property Address</u>	<u>Approx. Value</u>	<u>Debt</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



IV. IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving social security, disability, or other governmental benefits? <i>Describe _____</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		



V. FINANCIAL AND BUSINESS ADVISERS

Please provide the names, addresses, and telephone numbers of your business and financial advisors, including:

1. Stockbroker

2. Accountant

3. Banker

4. Business associates or partners

5. Life insurance agent

6. Financial advisor



VI. YOUR CONCERNS

Please rate the following as to how important they are to you:

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

DESCRIPTION

**Level of
Concern**

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.

Providing for and protecting children.

Providing for and protecting grandchildren.

Disinheriting a family member.

Providing for charities at the time of death.

Plan for the transfer and survival of a family business.

Avoiding or reducing your estate taxes.

Avoiding probate.

Reduce administration costs at time of your death.

Avoiding a guardianship in case of a disability.

Avoiding will contest or other disputes upon death.

Protecting assets from lawsuits or creditors.

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

Plan for a child with disabilities or special needs, such as medical or learning disabilities.

Protecting children's inheritance from the possibility of failed marriages.

Protect children's inheritance in the event of a surviving spouse's remarriage.

Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other Concerns (Please list below):
