



The Gilkes
LAW FIRM

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Estate Planning Questionnaire

Thank you for contacting us about your estate planning needs. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Please fill out this questionnaire as well as you can. You can either skip or place a question mark on those items that seem inapplicable or which you are unsure of. Either mail or fax the completed form to our office or bring it with you to your estate planning consultation. Thank you for your inquiry.

Personal Information		
	You	Your Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Social Security Number:		
Occupation:		
Estimated Annual Income from Salary, Bonuses, Etc.:		
Estimated Annual Investment Income (Dividends, Interest, Etc.):		
Work Telephone:		
Work Fax:		
Mobile/Pager:		
Email Address:		
Home Address (Include County):		
Home Telephone:		

Personal Information		
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Home Fax:		
Date and Place of Marriage:		
If you have lived outside Texas during this marriage, please list the states and dates of residence:		
If either of you were previously married, list the dates of prior marriage, name or prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:	You	Your Spouse
Describe any real estate owned by either or both of you outside Texas:		
Location of Safe Deposit Box (if any):		
Name and Telephone of Your Insurance Agent (if any):		
Name and Telephone of Your Accountant (if any):		
Name and Telephone of Your Broker or Financial Planner (if any):		
Other Information:		

Children		
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Full Name	Birth Date	Address (If Child Does Not Reside With You)

Personal Information		
Assets		
Description	Current Fair Market Value	How Is Title Held?*
Bank Accounts <i>(not IRAs and Retirement Plans)</i>		
Stocks, Bonds and Mutual Funds <i>(not IRAs and Retirement Plans)</i>		
Closely Held Businesses, Partnerships, Etc.		
Real Estate		
Automobiles, Boats, Etc.		
Other Property		
Total		

* Classify listed property as Your Separate Property, Your Spouse’s Separate Property, or Community Property. Please state the name(s) on the title and state whether the property is held with right of survivorship, if known.

Liabilities/Debts	
Description	Amount
Mortgages	
Other Liabilities/Debts	
Total	

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit
Total				

Dispositive Plan
(Describe in general terms how you wish to leave your property at death)

Your Plan:

Your Spouse's Plan

Additional Beneficiaries
(Information about persons other than your spouse and descendants who you wish to benefit.)

Full Name	Age	Address	Relationship to You

Fiduciaries		
List name, address, home telephone and relationship to you for each person)		
	You	Your Spouse
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		
Financial Agent: (The financial agent is the person who will handle your financial affairs if you become incapacitated.)		
First Alternate Property Agent:		
Second Alternate Property Agent:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		