

## Beck & Associates, PLLC Attorneys At Law

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## List of Things to Bring

- 1) Last year's IRS Form 1040
- 2) Copy of any current Wills and/or Trusts and/or Marital Agreements (if applicable)
- 3) Personal Financial Statement, (or general list of assets and liabilities included in the estate planning questionnaire)
- 4) Copy of Real Estate Warranty Deeds

PLEASE PROVIDE ME WITH A COPY OF YOUR CURRENT WILL, ANY TRUSTS, AND/OR MARITAL AGREEMENTS, IF YOU HAVE ANY OF THESE DOCUMENTS.

**ESTATE PLANNING QUESTIONNAIRE**

**PERSONAL INFORMATION:**

Name:

\_\_\_\_\_ (First) (Middle) (Last)

Home Address:

\_\_\_\_\_ (Street) (City) (State) (Zip) (County)

Home Telephone:

Cell Number:

e-mail address \_\_\_\_\_

**(To be used for confidential information)**

**Additional Information:**

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

If you were referred to me, I would like to thank them: \_\_\_\_\_  
Name & Firm or Company

**DISPOSITION OF PROPERTY:**

Describe in your own words how you would like your property distributed upon your death.

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

**PRIOR MARRIAGES** (if any):

If you have been married before, please furnish the following information as to each prior marriage below:

Name of Former Spouse:

\_\_\_\_\_ (First) (Middle) (Last)

Date of Marriage: \_\_\_\_\_ Date of termination of Marriage: \_\_\_\_\_

Cause of termination of Marriage: Death Divorce or Annulment (Circle One)

**CHILDREN:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address, if different from yours: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street) (City) (State) (Zip)



**EXECUTORS, TRUSTEES AND GUARDIANS:**

**EXECUTOR(S):** (Person who pays debts, files tax returns & liquidates certain assets)

\_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relationship: \_\_\_\_\_

1st Alternate Executor(s):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Alternate Executor(s):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to: \_\_\_\_\_

**TRUSTEE(S):** (Person who invests & distributes money and other assets)

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

1st Alternate Trustee:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Alternate Trustee:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

**GUARDIAN:** (Person who raises any minor child(ren))

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

1st Alternate Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

2nd Alternate Guardian:

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship: \_\_\_\_\_

**OTHER BENEFICIARIES NAMED IN WILL:**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**ESTATE INFORMATION** (A personal financial statement may be used in lieu of the following through the end of Page 6. Please complete Pages 7 and 8 in any case.)

<b>Real Estate</b> Please use these descriptions in the TYPE column for your Real Estate assets.		Primary Residence	Land	Rental Home	
Commercial Property	Property	Secondary Residence	Vacation Home	Rental	
TYPE	ASSET VALUE				

<b>Bank Account</b> Please use these descriptions in the TYPE column for your Bank Account assets.		Checking	CD	Savings	Money
Market					

<b>Bank Account</b>		<b>Please use these descriptions in the TYPE column for your Bank Account assets.</b>			
<b>Market</b>		<b>Checking</b>	<b>CD</b>	<b>Savings</b>	<b>Money</b>
<b>TYPE</b>	<b>ASSET VALUE</b>				

<b>Investment</b>		<b>Please use these descriptions in the TYPE column for your Investment assets.</b>			
<b>Mutual Fund</b>		<b>Bonds</b>	<b>Ltd. Partnership</b>	<b>Stock</b>	
<b>TYPE</b>	<b>ASSET VALUE</b>				



<b>Retirement</b> Please use these descriptions in the TYPE column for your Retirement assets.				
	401K Qualified Plan	IRA Other	SEP/IRA	403b
<i>TYPE</i>	<i>ASSET VALUE</i>			

<b>Business</b> Please use these descriptions in the TYPE column for your Business assets.				
	General Partnership FLP	C Corporation Ltd. Partnership (Bus.)	Sole Proprietorship S Corporation	PA LLC
<i>TYPE</i>	<i>ENTITY NAME</i>	<i>ASSET VALUE</i>		

<b>Other</b> Please use these descriptions in the TYPE column for your Other assets.			
	Collectibles Household & Personal Effects	Vehicles	Miscellaneous
<i>TYPE</i>	<i>ASSET VALUE</i>		

<b>Liability</b> Please use these descriptions in the TYPE column for your Liability assets.			
	Mortgage	Personal Loan	Other Loan
<i>TYPE</i>	<i>ASSET VALUE</i>	<i>AMOUNT OWED</i>	

<b>Insurance</b> Please use these descriptions in the TYPE column for your Insurance assets.				
	Individual Term (T)	Whole Life (WL)	Universal Life (UL) Group Term (GpT)	Variable Life (VL)
<i>TYPE</i>	<i>OWNER</i>	<i>BENEFICIARIES</i>	<i>CASH VALUE</i>	<i>Death Benefit</i>

**PROFESSIONAL ADVISORS:**

CPA \_\_\_\_\_

NAME FIRM

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NO.

**BROKER:** \_\_\_\_\_

NAME FIRM

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NO.

**INSURANCE AGENT:** \_\_\_\_\_  
 NAME FIRM  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 PHONE NO.

**Information Concerning Financial Powers of Attorney, Medical Powers of Attorney and Directives to Physicians**

**(Living Will):**

*Do you have a Durable Power of Attorney? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to appoint to be in charge of your financial affairs in the event you become incapacitated.*

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
1 <sup>st</sup> :	_____		
2 <sup>nd</sup> :	_____		
3 <sup>rd</sup> :	_____		

*Do you have a Medical Power of Attorney? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to make medical decisions for you in the event that you are unable to make your own health care decisions.*

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
1 <sup>st</sup> :	_____		
2 <sup>nd</sup> :	_____		
3 <sup>rd</sup> :	_____		

*Do you have a Directive to Physician (Living Will)? for end of life decisions?  Yes  No*  
*Do you wish to be an Organ Donor  Yes  No If yes,  Transplant  Research  Both*  
*Preference for Remains:  Burial  Cremation  No Preference*