

Beck & Associates, PLLC

Attorneys At Law

James "Randy" Beck, J.D. – Partner
Alan L. Stroud, J.D., LL.M., CPA – Partner

Larry P. Lightfoot, J.D., LL.M., CPA
Montague E. Morgan, J.D.
Richard Noel Adams, J.D., LL.M. – Of Counsel

* All Attorneys are Board Certified Estate Planning
and Probate by the Texas Board of Legal Specialization



14550 Torrey Chase Blvd., Suite 150
Houston, TX 77014
Phone (281) 440-4777 Fax (281) 893-6180
Email info@jrbecklaw.com
Website www.jrbecklaw.com

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1. LIST OF THINGS TO BRING
2. ESTATE PLANNING QUESTIONNAIRE

List of Things to Bring to Appointment

- 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:

Husband's Name:

(First)

(Middle)

(Last)

Wife's Name:

(First)

(Middle)

(Last)

Home Address:

(Street)

(City)

(State) (Zip)

(County)

Home Telephone:

Cell Number (Husband)

Cell Number (Wife)

e-mail address (Husband) _____

(To be used for confidential information)

e-mail address (Wife) _____

(To be used for confidential information)

Husband's Additional Information:

Date of Birth:

Citizenship:

Social Security No.:

Business Telephone:

Wife's 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

Husband's Will:

DISPOSITION OF PROPERTY:

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

Wife's Will:

DISPOSITION OF PROPERTY:

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

CURRENT MARRIAGE:

Date of Marriage: _____ State of Residence when Married: _____

PRIOR MARRIAGES:

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

Former marriage of _____ (Husband/Wife)
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)

Former marriage of _____ (Husband/Wife)
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)

List all children but designate who is the parent if not a child of both husband & wife.

CHILDREN:

Name: _____ Date of Birth: _____

(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____

(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____

(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

EXECUTORS, TRUSTEES AND GUARDIANS:

Husband's Will

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

Address: _____ Phone No. _____

Relationship to Husband: _____

1st Alternate Executor(s):

Address: _____ Phone No. _____

Relationship to Husband: _____

2nd Alternate Executor(s):

Address: _____ Phone No. _____

Relationship to Husband: _____

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

Address: _____ Phone No. _____

Relationship to Husband: _____

1st Alternate Trustee:

Address: _____ Phone No. _____

Relationship to Husband: _____

2nd Alternate Trustee:

Address: _____ Phone No. _____

Relationship to Husband: _____

GUARDIAN: (Person who raises any minor child(ren), if any)

Address: _____ Phone No. _____

Relationship to Husband: _____

1st Alternate Guardian:

Address: _____ Phone No. _____

Relationship to Husband: _____

2nd Alternate Guardian:

Address: _____ Phone No. _____

Relationship to Husband: _____

Wife's Will:

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

Address: _____ Phone No. _____

Relationship to Wife: _____

1st Alternate Executor(s):

Address: _____ Phone No. _____

Relationship to Wife: _____

2nd Alternate Executor(s):

Address: _____ Phone No.

Relationship to Wife: _____

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

Address: _____ Phone No.

Relationship to Wife: _____

1st Alternate Trustee:

Address: _____ Phone No.

Relationship to Wife: _____

2nd Alternate Trustee:

Address: _____ Phone No.

Relationship to Wife: _____

GUARDIAN: (Person who raises any minor child(ren), if any)

Address: _____ Phone No.

Relationship to Wife: _____

1st Alternate Guardian:

Address: _____ Phone No.

Relationship to Wife: _____

2nd Alternate Guardian:

Address: _____ Phone No.

Relationship to Wife: _____

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 8. Please complete Pages 9 and 10 in any case.)

<i>Real Estate</i> Please use these descriptions in the TYPE column for your Real Estate assets.				
Secondary Residence	Primary Residence Vacation Home	Land Rental Property	Rental Home	Commercial Property
<i>TYPE</i>		<i>OWNER</i>		<i>ASSET VALUE</i>
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife

<i>Bank Account</i> Please use these descriptions in the TYPE column for your Bank Account assets.				
Checking	CD	Savings	Money Market	
<i>TYPE</i>		<i>OWNER</i>		<i>ASSET VALUE</i>
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife

Investment Please use these descriptions in the TYPE column for your Investment assets.				
	Bonds	Ltd. Partnership	Stock	Mutual Fund
<i>TYPE</i>		<i>OWNER</i>		<i>ASSET VALUE</i>
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife
		Co-Owned	Husband	Wife

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

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

Other Please use these descriptions in the TYPE column for your Other assets.

Collectibles Vehicles
Household & Personal Effects Miscellaneous

<i>TYPE</i>	<i>OWNER</i>			<i>ASSET VALUE</i>
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Liability Please use these descriptions in the TYPE column for your Liability assets.

Mortgage Personal Loan Other Loan

<i>TYPE</i>	<i>OWNER</i>			<i>AMOUNT OWED</i>
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Insurance 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>
	Co-Owned	Husband	Wife				
	Co-Owned	Husband	Wife				
	Co-Owned	Husband	Wife				
	Co-Owned	Husband	Wife				
	Co-Owned	Husband	Wife				

PROFESSIONAL ADVISORS:

CPA _____
NAME

FIRM

ADDRESS

PHONE NO.

BROKER: _____
NAME

FIRM

ADDRESS

PHONE NO.

INSURANCE AGENT: _____
NAME

FIRM

ADDRESS

PHONE NO.

Information Concerning Durable General Powers of Attorney, Durable Powers of Attorney for Health Care and Directives to Physicians:

Husband's Response:

Do you have a Durable General Power of Attorney (for financial assets)? 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>Names</u>	<u>Address</u>	<u>Phone No.</u>
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____

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

	<u>Names</u>	<u>Address</u>	<u>Phone No.</u>
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____

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

Wife's Response:

Do you have a Durable General Power of Attorney (for financial assets)? 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>Names</u>	<u>Address</u>	<u>Phone No.</u>
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____

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

	<u>Names</u>	<u>Address</u>	<u>Phone No.</u>
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____

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