

# GALLIGAN & MANNING

A Partnership of Professional Corporations

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## CONFIDENTIAL CHECKLIST AND QUESTIONNAIRE FOR ESTATE PLAN

This checklist and questionnaire is designed to help you assemble the information needed in anticipation of our estate planning conference and to assist you in making some of the important decisions relating to your estate plans. The information in this checklist and questionnaire is strictly confidential. If you have any questions concerning Texas probate, the role of an executor, trustee or guardian, or the estate tax system, please refer to the Summary of Basic Considerations in Estate Planning on our website (or you may request a copy by calling our office).

Date: \_\_\_\_\_

Name of Husband: \_\_\_\_\_

Name of Wife: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Relevant Phone Numbers: Home: \_\_\_\_\_

Husband's Work: \_\_\_\_\_

Husband's Cell: \_\_\_\_\_

Husband's Email: \_\_\_\_\_

Wife's Work: \_\_\_\_\_

Wife's Cell: \_\_\_\_\_

Wife's Email: \_\_\_\_\_

Would you like to receive monthly email newsletters from the firm on issues relating to estate planning? \_\_\_\_\_ Yes \_\_\_\_\_ No

Referred by: \_\_\_\_\_

**Family History**

In order to effectively prepare an estate plan, certain family information is necessary. Please answer the following:

	<b>Husband</b>	<b>Wife</b>
Legal Name	_____	_____
Employer & Business	_____	_____
Address	_____	_____
	_____	_____
Birth Date	_____	_____
Place of Birth	_____	_____
Social Security Number	_____	_____
U.S. Citizen	_____ Yes _____ No	_____ Yes _____ No

**Children** (Please indicate if any children are of a previous marriage):

Name & Address	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

**Your Grandchildren:**

Their Parents:	Name:	Birth Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Your marital history:**

Date and place of your marriage:  
\_\_\_\_\_

List the states in which you have lived since your marriage and the dates you lived in each state:

\_\_\_\_\_

Note: Prior marriages can have an effect on both tax and estate planning.

Has either of you had a prior marriage that ended because of death? (Please state which spouse and give date and place) \_\_\_\_\_  
\_\_\_\_\_

Has either of you had a prior marriage that ended because of divorce? (Please state which spouse and give date and place)  
\_\_\_\_\_  
\_\_\_\_\_

Has either of you ever executed a "Joint Will" (one Will executed by both a husband and wife) \_\_\_\_\_

Are you parties to a prenuptial agreement or any kind of agreement relating to your property and marital rights? If so, please bring a copy of the agreement to our meeting.

Yes \_\_\_\_\_ No \_\_\_\_\_

Has either of you entered into a shareholder agreement or a buy-sell agreement relating to a business interest? If so, please bring a copy of the agreement to our meeting.

Yes \_\_\_\_\_ No \_\_\_\_\_

Do either of you have an expectation of an inheritance? Please give details. (Note: There are tax considerations involved if there is a possibility of inheritance from parents and other family members.)  
\_\_\_\_\_  
\_\_\_\_\_

Do either of you have any obligations under a property settlement agreement or child support agreement from a prior marriage? \_\_\_\_\_

Is there any other information about your parents or other family members that you feel is relevant to your estate plan?  
\_\_\_\_\_  
\_\_\_\_\_

### **Distribution of Estate**

Please complete the following regarding how you wish your estate to be distributed:

Upon your death, how and to whom do you want your assets distributed?

Husband: \_\_\_\_\_

\_\_\_\_\_

If assets are passing to the surviving spouse, do you want the surviving spouse to have to spend down all of his or her assets before being able to access or use the assets of your estate?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Wife: \_\_\_\_\_

\_\_\_\_\_

If assets are passing to the surviving spouse, do you want the surviving spouse to have to spend down all of his or her assets before being able to access or use the assets of your estate?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If you both die prematurely, at what age should your children receive any property from your estates? \_\_\_\_\_

Do any of your children have special educational, medical or financial needs?

\_\_\_\_\_

Do you wish to make a bequest to a charity? Please furnish details.

\_\_\_\_\_

\_\_\_\_\_

If you are the surviving spouse and none of your children is living at the time of your death, how would you wish your property to pass?

Husband:    \_\_\_\_\_ one-half to my family and one half to wife's family  
                  \_\_\_\_\_ to my family  
                  \_\_\_\_\_ elsewhere (give details) \_\_\_\_\_

Wife:            \_\_\_\_\_ one-half to my family and one half to husband's family  
                  \_\_\_\_\_ to my family  
                  \_\_\_\_\_ elsewhere (give details) \_\_\_\_\_

Is a beneficiary you wish to name in your Will receiving government benefits due as a result of a disability (this would include a parent receiving Medicaid) ?

If so, please explain:

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**Choice of Executor (Note – you may choose more than one person or entity to act as co-executors)**

Husband's Will:

First Choice for Executor: \_\_\_\_\_

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Second Choice for Executor: \_\_\_\_\_

---

Third Choice for Executor: \_\_\_\_\_

---

Wife's Will:

First Choice for Executor: \_\_\_\_\_

---

Second Choice for Executor: \_\_\_\_\_

---

Third Choice for Executor: \_\_\_\_\_

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Do you wish the Executor to receive compensation? \_\_\_\_\_

**Choice of Trustee**

Whom do you desire to appoint as trustee of any trust created under your trust agreement or your will for the benefit of your spouse (a trust may be created for the surviving spouse for tax planning purposes)? (Note: the surviving spouse may be trustee and you may choose more than one person or entity to be co-trustees)

Husband:

First Choice for trustee: \_\_\_\_\_

---

Second Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Wife:

First Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Second Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Whom do you desire to appoint as trustee of any trust created in your will or trust agreement for the benefit of a child of yours, if such child receives property under your Will or trust?

Husband:

First Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Second Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Wife:

First Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Second Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for trustee: \_\_\_\_\_  
\_\_\_\_\_

Do you wish a trustee to receive compensation? \_\_\_\_\_

**Choice of Guardian for Minor or Otherwise Incapacitated Children**

Whom do you wish to appoint as guardian of the person of your minor or otherwise incapacitated children?

Husband:

First Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Second Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Do you want to give the trustee of a minor child's trust the authority to provide financial assistance to the guardians to, among other things, assist the guardians in obtaining appropriate housing accommodations, finance an addition to an existing residence, and provide for the costs of support, medical care, insurance and education for your minor child or children?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Wife:

First Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Second Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Third Choice for guardian: \_\_\_\_\_  
\_\_\_\_\_

Do you want to give the trustee of a minor child's trust the authority to provide financial assistance to the guardians to, among other things, assist the guardians in obtaining appropriate housing accommodations, finance an addition to an existing residence, and provide for the costs of support, medical care, insurance and education for your minor child or children?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Financial Information**

Even if you do not believe that you are a candidate for death tax planning, many aspects of estate planning turn on the character of your property, and the way it is held, in addition to its value. The following information will help insure that your property will be ultimately distributed in accordance with your wishes.

Please note in the margin next to the description of each asset whether the asset is the husband’s separate property (HSP) or wife’s separate property (WSP). (If it is your community property, you need not make any notation.) Separate property is defined under Texas law as property owned by a spouse before the marriage, as well as property received after marriage by gift, by inheritance, or received in a recovery for personal injuries other than lost wages. Also, please show whether the property is held as joint tenants with right of survivorship (JTWROS). If assets such as a bank account or stock are held in joint tenancy with right of survivorship, this is usually indicated on the account signature card or stock certificate. It is important to identify these joint tenancy with right of survivorship assets because such assets will not pass under your Wills which may inadvertently thwart any death tax planning you wish to accomplish.

You may attach a separate sheet, if necessary, or, if you have your own summary of your financial assets, that would take the place of the following. Please do not worry about being too exact on the values. Assets change and their values change, too, over time. We just need to get a general picture of your situation and what we can do to minimize the expense of probate and estate taxes.

**A. Real Estate**

	Your Residence	Property #2	Property #3
Description	_____	_____	_____
Location	_____	_____	_____
Income, if any	_____	_____	_____
Owned in name of	_____	_____	_____
Date acquired	_____	_____	_____
Cost	_____	_____	_____
Approx. Value (without deducting debt)	_____	_____	_____



**B. Producing Oil Properties or Other Mineral Interests**

Description	Approx. Annual Income	Approx. Value
_____		
_____		
_____		

**C. Stock**

Description	Number of Shares	Approximate Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Bonds**

Description	Face Value	Maturity Date	Approximate Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. Cash Accounts (including certificates of deposit) and Mutual Funds**

Type of Account	Location of Account	Whose Name is on Bank, Brokerage Account or Mutual Fund	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. Employment Benefits**

	Custodian or Trustee	Approximate Amount	Beneficiary
IRA's, annuity or bond	_____	_____	_____
Keogh (HR-10) Account	_____	_____	_____
Corporate Pension Plan	_____	_____	_____
Corporate Profit Sharing Plan	_____	_____	_____
Other Plan (stock option, nonqualified deferred compensation plan)	_____	_____	_____

**G. Insurance**

	Policy #1	Policy #2	Policy #3
Insured	_____	_____	_____
Company	_____	_____	_____
Type of Policy	_____	_____	_____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____
Face Amount	_____	_____	_____



**Statutory Durable Power of Attorney**

The Statutory Durable Power of Attorney is a document in which you name an agent to make financial and property decisions for you. The power of attorney may be effective immediately or when a doctor certifies that you are not able to handle your financial affairs. The Statutory Durable Power of Attorney helps to avoid a court appointed guardian if you ever become incapacitated. If you wish to grant your agent the power to make gifts, this must be specifically provided for in the power of attorney. (Sometimes it is advantageous for estate tax reasons to allow the agent this power.)

Whom do you wish to appoint as your agent under a Statutory Durable Power of Attorney (typically the spouse is named as first agent) ?

Husband:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent:

\_\_\_\_\_

Address:

\_\_\_\_\_

When should the power of attorney become effective?

immediately \_\_\_\_\_ on disability \_\_\_\_\_

Do you wish to grant the agent the authority to make gifts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, should gifts be limited to surviving spouse and descendants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should the agent be allowed to make gifts to a charity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to compensate an agent acting under your power of attorney?

Reasonable compensation for agents \_\_\_\_\_ Yes \_\_\_\_\_ No

Wife:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

When should the power of attorney become effective?

immediately \_\_\_\_\_ on disability \_\_\_\_\_

Do you wish to grant the agent the authority to make gifts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, should gifts be limited to surviving spouse and descendants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should the agent be allowed to make gifts to a charity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to compensate an agent acting under your power of attorney?

Reasonable compensation for agents \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical Power of Attorney**

Like the Statutory Durable Power of Attorney, the Medical Power of Attorney helps to avoid a court appointed guardian in the event you are not able to make health care decisions for yourself.

Whom do you wish to appoint as your agent under a Medical Power of Attorney?

Husband:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to name a second alternate agent in the event the first alternate agent is unable to act?

Name of second alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to be an organ, eye or tissue donor?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Wife:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to name a second alternate agent in the event the first alternate agent is unable to act?

Name of second alternate agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you wish to be an organ, eye or tissue donor?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Directive to Physicians**

The Directive to Physicians (sometimes referred to as a living will) states that if you are ever certified to have a terminal condition, you do not want your life prolonged by artificial means. This is a very personal decision and that is why this document is optional.

Husband:

Are you interested in a Directive to Physicians?     Yes     No

Wife:

Are you interested in a Directive to Physicians?     Yes     No

**Professional Advisor Information**

Do you have any of the following professional advisors? (Please circle appropriate response and complete information requested):

**Accountant/Tax Advisor:**            Yes            No            Not Sure

Advisor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_            Email: \_\_\_\_\_

**Investment/Financial Advisor:**    Yes            No            Not Sure

Advisor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_            Email: \_\_\_\_\_

**Life Insurance Agent:**            Yes            No            Not Sure

Advisor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_            Email: \_\_\_\_\_

