



DAVIDSON

LAW GROUP

ESTATE PLANNING QUESTIONNAIRE

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What to expect:

Completing this questionnaire will organize your relevant estate planning information for Davidson Law Group, PLLC. Feel free to **EMAIL, FAX, MAIL or bring** the completed form to our office when you have your initial consultation. During the initial meeting, you will be asked more questions, you will be given an opportunity to ask your questions, and you will receive a personalized and detailed outline of specific recommendations.

There is no charge for this initial meeting.

Date: _____

Personal Information:

- Please **use ink** (not pencil) when completing the form;
- Please fill in all fields to the best of your ability, if something does not apply, write N/A.
- Information provided is **confidential and protected by attorney client privilege**; and
- **Bring a copy** of any current wills, trusts, powers of attorney, etc.

Briefly let us know what your needs and goals are so we can help design your best estate plan:

Full Legal Name: _____ **DOB:** _____
Street Address: _____ **SS#:** _____
City: _____ **State:** ___ **Zip:** _____ **Home #:** _____
Employer: _____ **Work #:** _____
E-mail: _____ **Cell #:** _____
Alias Names (if any): _____
Are you: ___ Single ___ Married ___ Widowed ___ Divorced

Spouse's Full Legal Name: _____ **DOB:** _____
Street Address: _____ **SS#:** _____
City: _____ **State:** ___ **Zip:** _____ **Home #:** _____
Employer: _____ **Work #:** _____
E-mail: _____ **Cell #:** _____
Alias Names (if any): _____
Date of Marriage: _____

Professional Network:

Financial Advisor: _____ **Phone:** _____
Accountant: _____ **Phone:** _____
Life Insurance Agent: _____ **Phone:** _____
Other Profession: _____ **Phone:** _____

Where did you hear about us? ___Google ___Referral ___Seminar/Workshop ___Pre-Paid Legal Service

Other: _____

Referring Person's Name: _____ **Relationship:** _____

Children Information:

Instructions: Use FULL legal name. Circle to identify phone and email type. Provide names for all children joint or from previous relationships. Beside "Child's Parent(s)" write either: "**Joint**" if both spouses/partners are parents, "**Husband**" if husband is the parent, or "**Wife**" if wife is the parent.

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Full Legal Name: _____ Birthdate: _____
Address: _____ Gender: M / F
Cell / Home Phone: _____ EMAIL: _____
*Child's Parent(s): _____ Is this child married: Yes / No

Your Designees:

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

DURABLE POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

MEDICAL POWER OF ATTORNEY (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Spouse's Designees:

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

Name of Executor: _____
1st Alternate Executor: _____
2nd Alternate Executor: _____
3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

Name of Trustee: _____
1st Alternate Trustee: _____
2nd Alternate Trustee: _____
3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

Name of Guardian: _____
1st Alternate Guardian: _____
2nd Alternate Guardian: _____
3rd Alternate Guardian: _____

DURABLE POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

MEDICAL POWER OF ATTORNEY (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Alternate Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____

Who would you like to receive your assets after your passing?

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Full Legal Name: _____
Address: _____
Hm Phone No.: _____ Cell Phone No.: _____
Relationship: _____

Financial Information:

NOTE: We are looking for **approximate** values of your assets. If you choose to proceed with our firm you will be asked to provide copies of statements, deeds, and/or titles to confirm the titling of your assets.

If you do not have enough room, please feel free to add additional pages.

1. Cash Accounts

Indicate Owner: “JT” if owned **jointly** by both spouses, “H” if **Husband**, “W” if **Wife**.

Indicate Type: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”

Name of Institution	Owner	Type	Amount	Account Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

2. Investment Accounts (Not IRAs, 401K, or other retirement plan or qualified plan assets. Individually held stocks or bonds are to be listed on next page #4.)

Indicate Owner: “JT” if owned **jointly** by both spouses / partners, “H” if **Husband**, “W” if **Wife**.

Indicate Type: Money Market “MM”, Investment “I”, Cash Management “CM”, or account in a street name.

Name of Company or Brokerage Firm	Owner	Type	Amount	Account Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

3. Retirement Plans (Such as IRAs, 401(k), 403(b), and Qualified Annuities)

Indicate Owner: “JT” if owned **jointly** by both spouses, “H” if **Husband**, “W” if **Wife**.

Indicate Type: **Simple IRA, 401(k), 403(b), SEP, QA** (Qualified Annuities).

Name of Company or Brokerage Firm	Owner	Type	Amount	Account Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

4. Stocks and Bonds Owned in Certificate or Book form (not in an investment or retirement account).

Indicate Owner: "JT" if owned jointly by both spouses, "H" if Husband, "W" if Wife.

Name of Company or Brokerage Firm	Owner	Type	Amount	Brief Description
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

5. Life Insurance Policies

Ins. Company _____ Policy # _____
Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

Ins. Company _____ Policy # _____
Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

Ins. Company _____ Policy # _____
Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

Ins. Company _____ Policy # _____
Name of Insured _____ **Circle:** Term / Whole / Universal / Group / Other
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

6. Non-Qualified Annuities (Similar to life insurance, but NOT owned inside an IRA)

Ins. Company _____ Policy # _____
Name of Insured _____
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

Ins. Company _____ Policy # _____
Name of Insured _____
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

Ins. Company _____ Policy # _____
Name of Insured _____
Primary Beneficiary _____
Contingent Beneficiary _____
Death Benefit Amount _____ Cash Value (if any) _____

7. Real Property / Real Estate/ Mineral or Subsurface Interests

Indicate Owner: "JT" if owned jointly by both spouses, "H" if Husband, "W" if Wife.

Address and/or General Description	Owner	Debt Amt.	Fair Market Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

8. Does anyone owe you money? (Promissory Notes and Other Receivables)

Indicate if Secured By: "DOT" if Deed of Trust or "M" if Mortgage

Name of Debtor	Note Origin Date / Due Date	Note Balance	Secured By
1. _____	_____ / _____	_____	_____
2. _____	_____ / _____	_____	_____
3. _____	_____ / _____	_____	_____

9. Business Interests: (Corporations, LLCs, Partnerships, Sole Proprietorships, etc.)

Company, Partnership, or Business Name	State Organized or Incorporated	Percentage Owned	Value
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

10. Personal Effects (Vehicles, antiques, firearms, jewelry, precious metals, cattle, livestock, equipment, etc.)

Type	Face Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Anticipated Inheritance, or Pending Lawsuit Settlements

Type of Inheritance or Settlement	Date expected?	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mark any of the following you would like to address. Add comments or questions:

- Deciding what would happen if I or my spouse / partner became disabled. _____

- Determine who will be the person to carry out my wishes if I am unable. _____

- Planning for who will raise and manage the money for my children (under 18) if something were to happen to me. _____

- Concerned about affording the costs of nursing home care and how to protect my assets. _____

- Understanding what will happen if my surviving spouse remarries. _____

- Planning for a beneficiary who is dealing with physical or mental challenges or has financial issues. _____

- Concerned about a beneficiary getting divorced. _____

- Being sure my children can afford the taxes my estate faces. _____

- Making a plan for my pets when I pass. _____

Additional information you think would help us understand you or your family's needs and goals:
