

# DAVIDSON

## LAW GROUP

### ESTATE PLANNING QUESTIONNAIRE

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*THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS CONSIDERED BOTH PRIVILEGED AND CONFIDENTIAL ATTORNEY-CLIENT COMMUNICATION. AS SUCH, TEXAS LAW PROVIDES YOU DISTINCT ATTORNEY-CLIENT PROTECTIONS REGARDING THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE, EVEN IF YOU DO NOT RETAIN THE SERVICES OF OUR ATTORNEYS.*

#### **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:**

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**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

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Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

Cell / Home Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Child's Parent(s): \_\_\_\_\_ Is this child married: Yes / No

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Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

Cell / Home Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Child's Parent(s): \_\_\_\_\_ Is this child married: Yes / No

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Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

Cell / Home Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Child's Parent(s): \_\_\_\_\_ Is this child married: Yes / No

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Full Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M / F

Cell / Home Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Child's Parent(s): \_\_\_\_\_ Is this child married: Yes / No

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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: \_\_\_\_\_  
1<sup>st</sup> Alternate Executor: \_\_\_\_\_  
2<sup>nd</sup> Alternate Executor: \_\_\_\_\_  
3<sup>rd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> Alternate Trustee: \_\_\_\_\_  
2<sup>nd</sup> Alternate Trustee: \_\_\_\_\_  
3<sup>rd</sup> 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: \_\_\_\_\_  
1<sup>st</sup> Alternate Guardian: \_\_\_\_\_  
2<sup>nd</sup> Alternate Guardian: \_\_\_\_\_  
3<sup>rd</sup> 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. _____	_____	_____	_____	_____

**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) \_\_\_\_\_

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

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

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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) \_\_\_\_\_

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Ins. Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

Death Benefit Amount \_\_\_\_\_ Cash Value (if any) \_\_\_\_\_

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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**.

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

**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:**

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