

The Graham Law Firm, P.C.

Churchill Tower
12400 Coit Road, Suite 670
Dallas, Texas 75251
Telephone: (214) 599-7000
Facsimile: (214) 599-7010

ESTATE AND INCAPACITY PLANNING QUESTIONNAIRE

THE INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND PROTECTED FROM DISCLOSURE UNDER THE ATTORNEY-CLIENT PRIVILEGE RULES UNLESS YOU WAIVE THAT PRIVILEGE BY DISCLOSING THE INFORMATION TO THIRD PARTIES. THE GRAHAM LAW FIRM, P.C. WILL NOT DISCLOSE ANY OF THE INFORMATION ON THIS FORM TO ANY THIRD PARTY, INCLUDING YOUR OTHER ADVISORS WITHOUT YOUR EXPLICIT CONSENT TO DO SO.

This information provided in this questionnaire will streamline the estate and incapacity planning process by supplying information which is generally required to commence your estate and incapacity planning.

1. Husband's Name: _____

Date of Birth: _____

SS#: _____

Citizenship: _____

Business: _____

Title: _____

Business Telephone #: _____

e-mail address: _____

2. Wife's Name: _____

Date of Birth: _____

SS#: _____

Citizenship: _____

Business: _____

Title: _____

Business Telephone #: _____

e-mail address: _____

3. Home Address: _____

4. Telephone: home: _____ his cell: _____ her cell: _____

5. Date and Place of Marriage: _____

6. If you were not married in Texas, what year did you move to Texas?

7. Have either of you been married before?
 Husband: Yes No Wife: Yes No

8. Please list all children (from prior marriages also).
 If there are children from a prior marriage, indicate which are his, hers, or ours.

<u>Names of Children</u>	<u>Date of of birth</u>	
_____	_____	His <input type="checkbox"/> Hers <input type="checkbox"/> Ours <input type="checkbox"/>
_____	_____	His <input type="checkbox"/> Hers <input type="checkbox"/> Ours <input type="checkbox"/>
_____	_____	His <input type="checkbox"/> Hers <input type="checkbox"/> Ours <input type="checkbox"/>
_____	_____	His <input type="checkbox"/> Hers <input type="checkbox"/> Ours <input type="checkbox"/>

9. Please complete the attached statement of assets and liabilities, page 8. (reflect the fair market value of your assets)

10. Have you made any prior gifts? Yes No

If so, have you filed gift tax returns? Yes No
 If yes, please provide copies.

11. List below the name, age, relationship, and address of any person who has not been mentioned above in this Questionnaire but who is to receive property under your Will.

12. Are all of the persons whose names appear in item 11 U.S. citizens? Yes No
 If no, please indicate below which ones are not citizens and the country of their citizenship.

13. Please list life insurance policies which you own and indicate whose life it insures.

<u>Company</u> _____	<u>Insured</u> _____	<u>Face Amount</u> _____	<u>Owner</u> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Do either of you expect to inherit a substantial amount of property? Yes No
 If yes, please indicate the nature and extent of this property and the state where it is located:

Husband: _____

Wife: _____

15. If you own property in another state, please indicate which state:

Husband: _____

Wife: _____

16. Are you a beneficiary under a trust established by someone other than yourself?

Yes No If yes, please indicate the nature of your beneficial interest:

Husband: _____

Wife: _____

17. If you are a beneficiary under someone else's Will or Trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power:

(please provide a copy of the document giving the power of appointment, if applicable)

Husband: _____

Wife: _____

18. If you have children under 18, the guardian is an individual or couple whom you appoint to raise your children in the event both of you should die or become incapacitated. The guardian generally will receive distributions from your trustee or the agent under your financial POA in the event you are incapacitated for the support, maintenance, health and education of your children. Whom do you want to name as guardian to raise your children if both of you die or are incapacitated? The law requires that you may only name joint guardians if they are a married couple. Please indicate at least one successor and preferably two if the person or couple initially named are unable to serve.

Husband's Will

Wife's Will

Guardian: _____

Successor(s): _____

19. The Executor is the person you appoint in your Will to settle the affairs of your estate. Frequently, the surviving spouse is named as the Executor, either alone or with a co-executor. If the surviving spouse cannot or does not want to act as Executor, adult children, a bank, another relative, or a very reliable and long time friend may be named as Executor.

Whom do you want to appoint as Executor of your estate? Please indicate successors if the person initially named is unable to serve.

Husband's Will

Wife's Will

Executor: _____

Successor(s): _____

20. The Trustee is the person or corporate entity having trustee powers you appoint to handle the financial affairs for your spouse and/or children if utilization of a trust is considered advisable in your estate planning documents (a trust or trusts is required (i) in order to accomplish estate tax planning; (ii) if there are minor children or more remote descendants who may receive a distribution under your Will and/or trust agreement; (ii) if your children and more remote descendants are no longer minors but you do not wish for them to receive a sizable distribution at age 18; (iii) to preserve your assets not only for the benefit of your children but for your grandchildren and more remote descendant.) Frequently, the surviving spouse is named as the Trustee, either alone or with a co-trustee. If the surviving spouse cannot or does not want to act as trustee, adult children, a corporate entity having trustee powers, another relative, or a very reliable and long time friend may be named as Trustee. Since a trust can be in existence for many years, it is recommended that you name a corporate entity having trustee powers as the final successor trustee. Whom do you want to appoint as trustee? If you name individual(s) as the primary trustee(s) and successor trustee(s), please indicate a corporate entity having trustee powers as the final successor trustee to serve if the named individual(s) is unable to serve.

Husband

Wife

Trustee: _____

Successor(s): _____

Corporate entity having trustee powers:

21. If you survive your spouse and children and more remote descendants or if you utilize a trust as a part of your estate planning (which can continue for many years after your death) and there are no living named beneficiaries at the time of the distribution of the trust, to who do you want to leave your property? Although this is generally a very remote contingency, there must be a "Takers of Last Resort" clause in your Will and/or Trust. There are several options listed below. Each of you should indicate by initialing the line below the option of your choice as to how you would like your estate and/or trust to pass in the unlikely event you have no descendants living at the time of distribution.

(i) to your heirs at law [this would be siblings and their descendants, if any, and if not, it would be aunts, uncles, cousins – most probably cousins in the case of a trust] and would require the Executor or Trustee to do an extensive genealogy search to determine who would be entitled to distributions, particularly for a trust which may continue for many years after your death.

Husband Wife

(ii) to specifically named persons, i.e. siblings and their descendants, either in named percentages or per stirpes or if none then living, then to heirs at law.

Husband Wife

(iii) to specifically named persons, i.e. siblings and their descendants, either in named percentages or per stirpes or if none then living, then to charity;

Husband Wife

(iv) to named charities; or

Husband Wife

(v) to charities to be determined by the executor or trustee making the distribution.

Husband Wife

22. Other documents which complement your Wills include (i) a Directive to Physicians and Family or Surrogates; (ii) a Medical Power of Attorney; (iii) a Statutory Durable Power of Attorney (financial or business purposes); and (iv) an Authorization for Release of Protected Health Information. If there are persons in your family whom you do not want to serve as guardian of either your person or estate, you may also want to execute a Declaration of Guardian in the Event of Later Incapacity or Need of Guardian (see (v) below

i. The Directive to Physicians, Family and Surrogates, which is commonly called a "Living Will," allows you to express your desires regarding the use of life support systems if you are ever diagnosed with a terminal, irreversible, incurable condition which would result in death but for the use of such life support systems.

Do you wish to execute such an Advanced Directive?

Husband: Yes No Wife: Yes No

ii. A Medical Power of Attorney designates an agent who will make health care decisions for you in the event your treating physician determines you no longer possess the capacity to make those decisions for yourself. You retain the right to make all of your health care decisions as long as your attending physician determines you have the capacity to do so. The spouse of the incapacitated person is usually named as the primary agent. Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

<u>Husband</u>	<u>Wife</u>
Agent: _____	_____
Address: _____	_____
Tele. #: _____	_____
Successor: _____	_____
Address: _____	_____
Tele. #: _____	_____
Successor: _____	_____
Address: _____	_____
Tele. #: _____	_____

- iii. The Statutory Durable Power of Attorney provides that your designated agent will handle your financial and business matters specifically when you are incapacitated. This is designed to avoid a costly guardianship proceeding. Usually the spouse of the incapacitated individual is named as the initial designated agent. Whom do you want to serve as your agent? Please indicate at least one and preferably two successors or alternates in the event your designated agent is unable to serve.

<u>Husband</u>	<u>Wife</u>
Agent: _____	_____
Address: _____	_____
Tele. #: _____	_____
Successor: _____	_____
Address: _____	_____
Tele. #: _____	_____
Successor: _____	_____
Address: _____	_____
Tele. #: _____	_____

- iv. The Authorization for Release of Protected Health Information complies with the Standards for Privacy of Individually Identifiable Health Information, known as the "Privacy Rule," which implements the privacy requirements of the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA." That Privacy Rule has made it very difficult for anyone other than yourself, even your spouse or someone named as an agent or successor agent in a Medical Power of Attorney, to obtain the necessary medical information to make an informed decision regarding medical care in the event you are incapacitated and unable to make medical decisions for yourself. We automatically create this document for every client who executes a Medical Power of Attorney.
- v. **Although we do not routinely prepare this document for our clients, if there is someone in your family whom you do not want to be named as your guardian in the event the need for a guardian were to arise, you should execute a Declaration of Guardian in the Event of Later Incapacity or Need of Guardian.** In this document, you name the persons whom you would want to be the guardian of both your person and the estate in the event a guardianship should become necessary. These can be the same persons whom you have named as your medical attorney-in-fact (guardian of the person) and your financial attorney-in-fact (guardian of the estate), but it does not have to be. **The most important aspect of this document, however, is that you have the right to name persons whom you do not want to act as the guardian of either your person or your estate.** The Texas Probate Code specifically says that persons named in this Advance Directive may not be appointed guardian under any circumstances. Please indicate below if you wish to disqualify any person or persons from acting as your

guardian. If you wish to name other persons besides the persons you have named in Paragraph .ii. as the guardian of your person, please indicate the name, address and telephone number of those persons. If you wish to name other persons besides the persons you have named in Paragraph iii. as the guardian of your estate, please indicate the name, address and telephone number of those persons.

I wish to disqualify the following person(s) from acting as guardian of my person:

Husband: _____

Wife: _____

I wish to disqualify the following person(s) from acting as guardian of my estate:

Husband: _____

Wife: _____

I wish to name the same persons named in Paragraph (ii) above as guardian of my person

Yes No

If you have answered "no" above, please list below the names, addresses and telephone numbers for the person(s) as guardian of your person (you should name at least one alternate and two alternates would be preferable).

Please name the following persons as guardian of my person, if it should become necessary to later name a guardian of the person:

Husband

Wife

Agent: _____

Address: _____

Tele. #: _____

Successor: _____

Address: _____

Tele. #: _____

Successor: _____

Address: _____

Tele. #: _____

I wish to name the same persons named in Paragraph (iii) above as guardian of my estate:

Yes No

If you have answered "no" above, please list below the names, addresses and telephone numbers for the person(s) as guardian of your estate (you should name at least one alternate and two alternates would be preferable).

Please name the following persons as guardian of my person, if it should become

necessary to later name a guardian of the person:

Husband

Wife

Agent: _____

Address: _____

Tele. #: _____

Successor: _____

Address: _____

Tele. #: _____

Successor: _____

Address: _____

Tele. #: _____

Item 9

Statement of Assets and Liabilities

(the values below should reflect the fair market value of your assets)

Cash	\$ _____	Short-term obligations	\$ _____
Investments	_____	Note payable- cars	_____
Closely-owned Business(es)	_____	Note payable- residence	_____
Vehicles	_____	Long-term obligations	_____
Residence	_____	Other liabilities	_____
Other Real Property	_____ _____		
Personal Effects	_____		
Household furnishings	_____		
IRA/401ks	_____		
Face value of life insurance listed in #13	_____		
Pension Plans	_____		
Other assets	_____		
Total	\$ _____	Total	\$ _____