

**The Graham Law Firm, P.C.**

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**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. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Business: \_\_\_\_\_

Title: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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

Telephone: home: \_\_\_\_\_

cell: \_\_\_\_\_

2. Are you now or have you ever been married?

Yes  No

3. If applicable, please use the space below to provide us with the following information regarding each marriage: name of former spouse, date, and place of the marriage.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

4. If applicable, please list all children and indicate to which marriage listed above each child was born.

<u>Names of Children</u>	<u>Date of of birth</u>	<u>Which marriage (list number from above)</u>
_____	_____	0
_____	_____	0
_____	_____	0
_____	_____	0

5. Other family members, friends, or charities, if any, to be named in your Will: (If additional space is needed, please list the same information for each additional person/ entity on a separate sheet

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
U.S. Citizen: Yes  No

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
U.S. Citizen: Yes  No

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
U.S. Citizen: Yes  No

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
U.S. Citizen: Yes  No

6. Please complete the attached statement of assets and liabilities, final page. (Reflect the fair market value of your assets)

7. Have you made any prior gifts? Yes  No   
If so, have you filed gift tax returns? Yes  No   
If yes, please provide copies.

8. 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.

\_\_\_\_\_

9. Are all of the persons whose names appear in items 4 and 5 U.S. citizens? Yes  No   
If no, please indicate below which ones are not citizens and the country of their citizenship.

\_\_\_\_\_

10. 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> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Do 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:

\_\_\_\_\_

12. If you own property in another state, please indicate which state and a brief description (# of acres, residential property, mineral interest, etc.):

\_\_\_\_\_

13. 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:

\_\_\_\_\_

14. 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)

\_\_\_\_\_

15. If you have children under 18, the guardian is an individual or couple whom you appoint to raise your children in the event 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 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.

Guardian: \_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

16. The Executor is the person you appoint in your Will to settle the affairs of your estate. 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.

Executor: \_\_\_\_\_

Successor(s): \_\_\_\_\_

17. The Trustee is the person or corporate entity having trustee powers you appoint to handle the financial affairs 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; (iii) 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; (iv) to preserve your assets not only for the benefit of your children but for your grandchildren and more remote descendant.) 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.

Trustee: \_\_\_\_\_

Successor(s): \_\_\_\_\_

Corporate entity having trustee powers:

\_\_\_\_\_

18. If you survive 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. Please indicate by checking the box 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.

(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.

(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;

(iv)  to named charities; or

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

19. 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?

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. Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

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. 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.

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:

\_\_\_\_\_

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

\_\_\_\_\_

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:

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:

Agent: \_\_\_\_\_

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

Tele. #: \_\_\_\_\_

Successor: \_\_\_\_\_

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

Tele. #: \_\_\_\_\_

Successor: \_\_\_\_\_

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

Tele. #: \_\_\_\_\_



**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	\$ _____