

Beck & Associates, PLLC

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*Board Certified Estate Planning and

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List of Things to Bring

- 1) Last year's IRS Form 1040
- 2) Copy of any current Wills and/or Trusts and/or Marital Agreements (if applicable)
- 3) Personal Financial Statement, (or general list of assets and liabilities included in the estate planning questionnaire)
- 4) Copy of Real Estate Warranty Deeds

PLEASE PROVIDE ME WITH A COPY OF YOUR CURRENT WILL, ANY TRUSTS, AND/OR MARITAL AGREEMENTS, IF YOU HAVE ANY OF THESE DOCUMENTS.

ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION:

Husband's Name:

_____ (First) (Middle)(Last)

Wife's Name:

_____ (First) (Middle)(Last)

Home Address:

_____ (Street) (City) (State) (Zip) (County)

Home Telephone:

Cell Number (Husband)

Cell Number (Wife)

e-mail address (Husband)_____ e-mail address (Wife)

Husband's Additional Information:

Date of Birth:

Citizenship:

Social Security No.:

Business Telephone:

Wife's Additional Information:

Date of Birth:

Citizenship:

Social Security No.:

Business Telephone:

If you were referred to me, I would like to thank them:

Name & Firm or Company

Husband's Will:

DISPOSITION OF PROPERTY:

Describe in your own words how you would like your property distributed upon your death.

Wife's Will:

DISPOSITION OF PROPERTY:

Describe in your own words how you would like your property distributed upon your death.

CURRENT MARRIAGE:

Date of Marriage:

Place of Marriage:

PRIOR MARRIAGES:

If either you has been married before, please furnish the following information as to each prior marriage below:

Former marriage of _____ (Husband/Wife)

Name of Former Spouse:

_____ (First) (Middle)(Last)

Time & Place of

Marriage:

Place, Date & Cause (Death, Divorce, etc.) of termination of Marriage:

Former marriage of _____ (Husband/Wife)

Name of Former Spouse:

_____ (First) (Middle) (Last)

Time & Place of

Marriage:

Place, Date & Cause (Death, Divorce, etc.) of termination of Marriage:

List all children, but designate who is the parent if not a child of both husband & wife.

CHILDREN:

Name:

Date of Birth:

_____ (First) (Middle) (Last)

Present Address, if different from yours:

_____ (Street) (City) (State) (Zip)

Name:

Date of Birth:

_____ (First) (Middle) (Last)

Present Address, if different from yours:

_____ (Street) (City) (State) (Zip)

Name:

Date of Birth:

_____ (First) (Middle) (Last)

Present Address, if different from yours:

(Street) (City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) (City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) (City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) (City) (State) (Zip)

EXECUTORS, TRUSTEES AND GUARDIANS:

Husband's Will

EXECUTOR(S): (Person who pays debts, files tax returns & liquidates certain assets)

Address: _____ Phone No.

Relationship to Husband: _____

1st Alternate Executor(s):

Address: _____ Phone No.

Relationship to Husband: _____

2nd Alternate Executor(s):

Address: _____ Phone No.

Relationship to Husband: _____

TRUSTEE(S): (Person who invests & distributes money and other assets)

Address: _____ Phone No. _____

Relationship to Husband: _____

1st Alternate Trustee:

Address: _____ Phone No. _____

Relationship to Husband: _____

2nd Alternate Trustee:

Address: _____ Phone No. _____

Relationship to Husband: _____

GUARDIAN: (Person who raises any minor child(ren))

Address: _____ Phone No. _____

Relationship to Husband: _____

1st Alternate Guardian:

Address: _____ Phone No. _____

Relationship to Husband: _____

2nd Alternate Guardian:

Address: _____ Phone No. _____

Relationship to Husband: _____

Wife's Will:

EXECUTOR(S): (Person who pays debts, files tax returns & liquidates certain assets)

Address: _____ Phone No. _____
Relationship to Wife: _____
1st Alternate Executor(s): _____

Address: _____ Phone No. _____
Relationship to Wife: _____

2nd Alternate Executor(s): _____

Address: _____ Phone No. _____
Relationship to Wife: _____

TRUSTEE(S): (Person who invests & distributes money and other assets)

Address: _____ Phone No. _____
Relationship to Wife: _____

1st Alternate Trustee: _____

Address: _____ Phone No. _____
Relationship to Wife: _____

2nd Alternate Trustee: _____

Address: _____ Phone No. _____
Relationship to Wife: _____

GUARDIAN: (Person who raises any minor child(ren))

Address: _____ Phone No. _____

Relationship to Wife: _____

1st Alternate Guardian:

Address: _____ Phone No.

Relationship to Wife: _____

2nd Alternate Guardian:

Address: _____ Phone No.

Relationship to Wife: _____

OTHER BENEFICIARIES NAMED IN WILL:

Name: _____

Relationship: _____

Home Address: _____

Name: _____

Relationship: _____

Home Address: _____

Name: _____

Relationship: _____

Home Address: _____

ESTATE INFORMATION (A personal financial statement may be used in lieu of the following through the end of Page 8. Please complete Pages 9 and 10 in any case.)

<i>Real Estate</i> Please use these descriptions in the TYPE column for your Real Estate assets.				
Secondary Residence	Primary Residence Vacation Home	Land Rental Property	Rental Home	Commercial Property
<i>TYPE</i>	<i>OWNER</i>			<i>ASSET VALUE</i>
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Bank Account Please use these descriptions in the TYPE column for your Bank Account assets.				
	Checking	CD	Savings	Money Market
TYPE	OWNER			ASSET VALUE
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Investment Please use these descriptions in the TYPE column for your Investment assets.				
	Bonds	Ltd. Partnership	Stock	Mutual Fund
TYPE	OWNER			ASSET VALUE
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Retirement Please use these descriptions in the TYPE column for your Retirement assets.				
	401K Qualified Plan	IRA Other	SEP/IRA	403b
TYPE	OWNER			ASSET VALUE
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Business Please use these descriptions in the TYPE column for your Business assets.			
General Partnership	C Corporation Ltd. Partnership (Bus.)	Sole Proprietorship S Corporation	PA LLC FLP
<i>TYPE</i>	<i>ENTITY NAME</i>	<i>OWNER</i>	<i>ASSET VALUE</i>
		Co-Owned Husband Wife	
		Co-Owned Husband Wife	
		Co-Owned Husband Wife	
		Co-Owned Husband Wife	
		Co-Owned Husband Wife	
		Co-Owned Husband Wife	

Other Please use these descriptions in the TYPE column for your Other assets.				
Collectibles Household & Personal Effects	Vehicles	Miscellaneous		
<i>TYPE</i>	<i>OWNER</i>			<i>ASSET VALUE</i>
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Liability Please use these descriptions in the TYPE column for your Liability assets.				
Mortgage	Personal Loan	Other Loan		
<i>TYPE</i>	<i>OWNER</i>			<i>AMOUNT OWED</i>
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	
	Co-Owned	Husband	Wife	

Insurance Please use these descriptions in the TYPE column for your Insurance assets.

Individual Term (T) Whole Life (WL) Universal Life (UL)
 Group Term (GpT) Variable Life (VL)

<i>TYPE</i>	<i>OWNER</i>	<i>BENEFICIARIES</i>	<i>CASH VALUE</i>	<i>Death Benefit</i>
	Co-Owned Husband Wife			
	Co-Owned Husband Wife			
	Co-Owned Husband Wife			
	Co-Owned Husband Wife			
	Co-Owned Husband Wife			

PROFESSIONAL ADVISORS:

C. P. A. _____
 NAME

_____ FIRM

ADDRESS

BROKER: _____
 NAME

_____ FIRM

ADDRESS

INSURANCE AGENT: _____
 NAME

_____ FIRM

ADDRESS

Information Concerning Durable General Powers of Attorney, Durable Powers of Attorney for Health Care and Directives to Physicians:

Husband's Response:

Do you have a Durable General Power of Attorney? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to appoint to be in charge of your financial affairs in the event you become incompetent.

Do you have a Durable Power of Attorney for Health Care? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to make health care decisions for you in the event that you are unable to make your own health care decisions.

Do you have a Directive to Physician (Living Will)? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to make life support termination decisions for you.

Wife's Response:

Do you have a Durable General Power of Attorney? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to appoint to be in charge of your financial affairs in the event you become incompetent.

Do you have a Durable Power of Attorney for Health Care? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to make health care decisions for you in the event that you are unable to make your own health care decisions.

Do you have a Directive to Physician (Living Will)? If not, provide me with the name, address and telephone number of the person (and any alternates) you would like to make life support termination decisions for you.
