

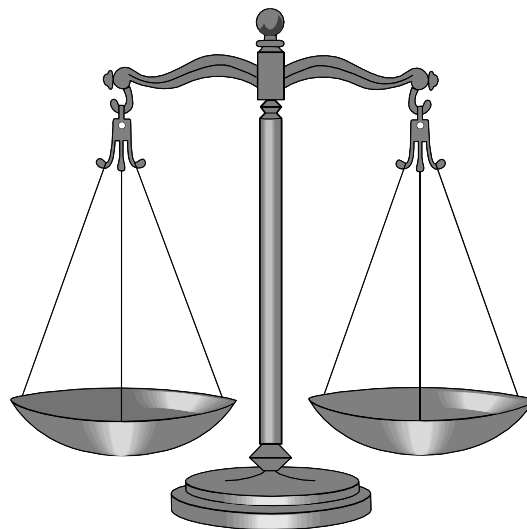
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List of Things to Bring

- 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) _____

(To be used for confidential information)

e-mail address (Wife) _____

(To be used for confidential information)

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: _____ State of Residence when Married: _____

PRIOR MARRIAGES:

If either you have 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)

Date of Marriage: _____ Date of termination of Marriage: _____

Cause of termination of Marriage: Death Divorce or Annulment (Circle One)

Former marriage of _____ (Husband/Wife)
Name of Former Spouse:

(First) (Middle) (Last)

Date of Marriage: _____ Date of termination of Marriage: _____

Cause of termination of Marriage: Death Divorce or Annulment (Circle One)

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: _____ Phone No. _____

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

Name: _____ Date of Birth: _____

(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____

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

Name: _____ Date of Birth: _____

(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____

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

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(Street) (City) (State) (Zip)

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Address, if different from yours: _____ Phone No. _____
(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: _____

<i>Other</i> 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	

<i>Liability</i> 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	

<i>Insurance</i> 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:

CPA _____
NAME

FIRM

ADDRESS

PHONE NO.

BROKER: _____
NAME

FIRM

ADDRESS

PHONE NO.

INSURANCE AGENT: _____
NAME

FIRM

ADDRESS

PHONE NO.

