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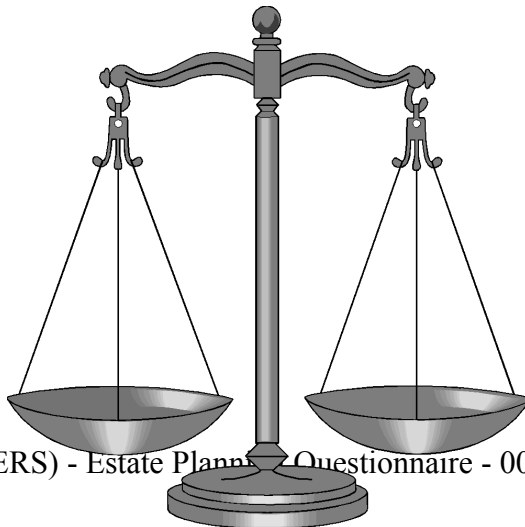
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ITEMS TO BRING WITH YOU TO THE MEETING

- 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:

Name:

Home Address: (First) (Middle) (Last)

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

Home Telephone:

Cell Number:

e-mail address

(To be used for confidential information)

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

DISPOSITION OF PROPERTY:

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

PRIOR MARRIAGES (if any):

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

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)

CHILDREN:

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) Phone No. _____
(City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) Phone No. _____
(City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) Phone No. _____
(City) (State) (Zip)

Name:

Date of Birth:

(First) (Middle) (Last)

Present Address, if different from yours:

(Street) Phone No. _____
(City) (State) (Zip)

EXECUTORS, TRUSTEES AND GUARDIANS:

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

Address: _____ Phone No. _____

Relationship: _____

1st Alternate Executor(s):

Address: _____ Phone No. _____

Relationship: _____

2nd Alternate Executor(s):

Address: _____ Phone No. _____

Relationship to: _____

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

Address: _____ Phone No. _____

Relationship: _____

1st Alternate Trustee:

Address: _____ Phone No. _____

Relationship: _____

2nd Alternate Trustee:

Address: _____ Phone No. _____

Relationship: _____

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

Address: _____ Phone No. _____

Relationship: _____

1st Alternate Guardian:

Address: _____ Phone No. _____

Relationship: _____

2nd Alternate Guardian:

Address: _____ Phone No. _____

Relationship: _____

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 6. Please complete Pages 7 and 8 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>ASSET VALUE</i> | |
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| Bank Account Please use these descriptions in the TYPE column for your Bank Account assets. | | | |
|--|--------------------|---------|--------------|
| Checking | CD | Savings | Money Market |
| <i>TYPE</i> | <i>ASSET VALUE</i> | | |
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| Investment Please use these descriptions in the TYPE column for your Investment assets. | | | |
|--|--------------------|-------|-------------|
| Bonds | Ltd. Partnership | Stock | Mutual Fund |
| <i>TYPE</i> | <i>ASSET VALUE</i> | | |
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| Retirement Please use these descriptions in the TYPE column for your Retirement assets. | | | | |
|--|--------------------|---------|------|--|
| 401K Qualified Plan | IRA Other | SEP/IRA | 403b | |
| <i>TYPE</i> | <i>ASSET VALUE</i> | | | |
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| 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>ASSET VALUE</i> | |
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| Other Please use these descriptions in the TYPE column for your Other assets. | | |
|--|--------------------|---------------|
| Collectibles Household & Personal Effects | Vehicles | Miscellaneous |
| <i>TYPE</i> | <i>ASSET VALUE</i> | |
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| Liability Please use these descriptions in the TYPE column for your Liability assets. | | |
|--|--------------------|--------------------|
| Mortgage | Personal Loan | Other Loan |
| <i>TYPE</i> | <i>ASSET VALUE</i> | <i>AMOUNT OWED</i> |
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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> |
|-------------|--------------|----------------------|-------------------|----------------------|
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PROFESSIONAL ADVISORS:

CPA _____
 NAME

 FIRM

 ADDRESS

 PHONE NO.

BROKER: _____
 NAME

 FIRM

 ADDRESS

 PHONE NO.

INSURANCE AGENT: _____
 NAME

 FIRM

 ADDRESS

 PHONE NO.

Information Concerning Financial Powers of Attorney, Medical Powers of Attorney and Directives to Physicians (Living Will):

{Estate Planning Forms (MASTERS) - Estate Planning Questionnaire - 00240367.DOC}

Do you have a Durable 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 incapacitated.

Name
Address
Phone No.

1st: _____

2nd: _____

3rd: _____

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

Name
Address
Phone No.

1st: _____

2nd: _____

3rd: _____

Do you have a Directive to Physician (Living Will)? for end of life decisions? Yes No

Do you wish to be an Organ Donor Yes No If yes,
 Transplant Research Both

Preference for Remains: Burial
 Cremation No
Preference