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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 OUESTIONNAIRE

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) (To be used for confidential information) (To be used for confidential information) **Husband's Additional Information**: Date of Birth: Social Security No.: Business Telephone: Citizenship: Wife's Additional Information: Date of Birth: Social Security No.: Business Telephone: Citizenship: 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 o	f Residence when Married:	
PRIOR MARRIAGES:			
	ried before, please furnish the	following information as to each prior	marriage below:
Former marriage of Name of Former Spouse:		(Husband/Wife)	
(First)	(Middle)	(Last)	
Date of Marriage:	Date of terminatio	on of Marriage:	
	rriage: Death Divorce or A		-
		,	
		(Husband/Wife)	
Name of Former Spouse:			
(I Date of Marriage:	First) (Middle) Date of terminatio	(Last) on of Marriage:	
-			-
Cause of termination of Mar	11460. 204411 21,0100 01 11	(0.000 0.00)	
Cause of termination of Mar			
List all children, but design CHILDREN:	ate who is the parent if not a	a child of both husband & wife.	
	ate who is the parent if not a	s child of both husband & wife.	
List all children, but design CHILDREN:	ate who is the parent if not a	child of both husband & wife.	Date of Birt
List all children, but design CHILDREN:	(Middle) (La		Date of Birt
List all children, but design CHILDREN: Name: (First)	(Middle) (La	ust)	
Cist all children, but designate CHILDREN: Name: (First) Present Address, if different	(Middle) (La		
Cist all children, but designate CHILDREN: Name: (First) Present Address, if different Street)	(Middle) (La	est) Phone No.	
List all children, but designate CHILDREN: Name: (First) Present Address, if different	(Middle) (La	est) Phone No.	
Cist all children, but designate CHILDREN: Name: (First) Present Address, if different Street)	(Middle) (La	est) Phone No.	
List all children, but design C HILDREN : Name:	(Middle) (La	est) Phone No.	(State) (Zip)

(Street)				(City)	(State)	(Zip)
Name:						
						Date of Birth:
	(First)	(Middle)	(Last)			
Present Addres	ss, if different fr	om yours:				
(Street)				Phone No (City)	(State)	(Zip)
(Sueet)				(City)	(State)	(Zip)
Name:						
						Date of Birth:
	(First)	(Middle)	(Last)			
Present Addres	ss, if different fr	om yours:				
				Phone No		
(Street)				(City)	(State)	(Zip)
Name:						
						Date of Birth:
	(First)	(Middle)	(Last)			
Present Addres	ss, if different fr	om yours:				
(Street)				Phone No (City)	(State)	(Zip)
				(City)	(State)	(Zip)
Name:						
						Date of Birth:
	(First)	(Middle)	(Last)			
Present Addres	ss, if different fr	om yours:				
(Street)				Phone No (City)	(State)	(Zip)
(Succe)				(City)	(State)	(Eip)
EXECUTORS	S, TRUSTEES	AND GUARDIA	NS:			
Husband's W EXECUTOR(A		pays debts, files ta	ıx returns & liquidate	es certain assets)		
Address:				Pł	none No	
Relationship to	o Husband:					_

1st Alternate Executor(s):		
Address:	Phone No	_
Relationship to Husband:		
2nd Alternate Executor(s):		
Address:		_
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:		
Relationship to Husband:		
GUARDIAN: (Person who raises any minor child(ren))		
Address:		_
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 &	•
Address:	Phone No.
Relationship to Wife:	
1st Alternate Executor(s):	
Address:	
Relationship to Wife:	
2nd Alternate Executor(s):	
Address:	
Relationship to Wife:	
TRUSTEE(S): (Person who invests & distributes money and	nd 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:	
Name:	
Name:	

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.)

Real Estate Please use these	descriptions in the TYPl	E column fo	or your Real Estate assets.
Primary Resid	ence Land	Rental Home	Commercial Property
Secondary Residence Vacation Home	Rental Property		
ТҮРЕ	OWNER		ASSET VALUE
	Co-Owned Husband	Wife	
	Co-Owned Husband	Wife	
	Co-Owned Husband	Wife	

Real Estate Please use these	descriptions in the TYPE co	lumn for your Real Estate assets.
Primary Resid Secondary Residence Vacation Home	ence Land Rent Rental Property	al Home Commercial Property
	Co-Owned Husband Wife	

Bank A	ccount	Please use	these descri	ptions in tl	ne TYPE col	umn for your Bank Account
assets.	Checking	CD	Savings	Mo	ney Market	
ТҮРЕ			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 description	ns in the TY	PE colun	nn for your Investment assets.	
В	onds Ltd. Partne	ership	Stock	Mutual Fund	
ТҮРЕ	OWNER			ASSET VALUE	
	Co-Owned	l Husband	Wife		
	Co-Owned	l 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 of	descriptions	s in the TYP	E column fo	r your Retirement assets.
	401K 1 Qualified Plan (IRA Other	SEP/IRA	403b	
ТҮРЕ		OWNER			ASSET VALUE

Retirement					r your Retirement assets.
	401K Qualified Plan	IRA Other	SEP/IRA	403b	
		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 Sole Proprietorship PA Ltd. Partnership (Bus.) S Corporation LLC FLP						
ТҮРЕ	ENTITY NAME		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	

Other Please use these descriptions in the TYPE column for your Other assets. Collectibles Vehicles Miscellaneous					
Collectibles Household &	Vehicles & Personal Effects	Miscen	aneous		
ТҮРЕ	OWNER			ASSET VALUE	
	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					
ТҮРЕ		OWNER			AMOUNT OWED
		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)					
ТҮРЕ	OWNER	BENEFICIARIES	CASH VALUE	Death Benefit	
	Co-Owned Husband Wife				
	Co-Owned Husband Wife				
	Co-Owned Husband Wife				
	Co-Owned Husband Wife				
	Co-Owned Husband Wife				

PROFESSIO	NAL ADVISORS:			
СРА				
	NAME		FIRM	
			ADDRESS	
			PHONE NO.	
BROKER: _		_		
	NAME		FIRM	

	ADDRESS
	PHONE NO.
INSURANCE AGENT:	
NAME	FIRM
	ADDRESS
	PHONE NO.

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

Husband's Response:

Do you have a Durable Power of Attorney?	If not, provide me with the name,	, address and telephone nur	nber of the person
(and any alternates) you would like to appoin	nt to be in charge of your financia	l affairs in the event you be	ecome incapacitated.

and any alternates) you would like to appoint to be in charge of you	Name Address
	Phone No.
1st:	
o nd :	
3 rd :	
Do you have a Medical Power of Attorney? If not, provide me with (and any alternates) you would like to make medical decisions for y health care decisions.	
	<u>Name</u> Address
	Address Phone No.
į st:	
2 nd :	
3 rd :	
	ou wish to be an Organ Donor Yes No If yes, Iransplant Research Both Preference for Remains: Burial Cremation No Preference
Wife's Response:	
Do you have a Durable Power of Attorney? If not, provide me with (and any alternates) you would like to appoint to be in charge of you	
1st:	
2 nd :	
3 rd :	
Do you have a Medical Power of Attorney? If not, provide me with (and any alternates) you would like to make medical decisions for y health care decisions.	
	<u>Name</u> <u>Address</u>

Phone No.

1 ^{st:}	
2 nd :	
3 rd :	
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