

LEGAL FEES FOR ESTATE PLANNING DOCUMENTS

Will Package*	Husband & Wife	\$1,550.00
Wills Only	Husband & Wife	\$1,050.00
Will Package*	Individual	\$1,050.00
Will Only	Individual	\$550.00
Statutory Power of Attorney		\$250.00
Medical Power of Attorney		\$250.00
Directive to Physician		\$250.00

Complex Wills and Estate Planning

Hourly w/Minimum
\$1,150.00

* Packages include the following estate planning legal documents:

- Will
- Memorandum Regarding Personal Property
- Medical Power of Attorney
- Directive to Physicians
- HIPAA Release and Authorization
- Statutory Power of Attorney
- Declaration of Guardian

A deposit of \$500.00 is required upon retaining the legal services referenced above. The remaining balance is due and payable at the time of signing the documents.

Estate Planning Questionnaire (for Single Client)

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date: _____

1. **Full name** (as you will sign your will) _____
2. **Address** _____
County _____
Have you ever lived in any state other than Texas? _____
State _____ Date you moved to Texas _____
3. **Phone Numbers**
a. Cell _____ c. Fax _____
b. Work _____ d. Home _____ email
address: _____
4. **Birthdate:** _____ **Country of Citizenship:** _____
Social Security Number : _____
Driver's License Number : _____
5. Occupation: _____ Yearly Income: _____ Family-
owned Business Information: _____
Name _____
Address _____
Description _____
EIN (optional) _____
6. **Marital History**
a. **Are you currently married?** Yes ___ No ___
Date & state of marriage: _____
Spouse Name: _____
b. Widowed? Yes ___ No ___
Name of deceased spouse _____ Date of death _____
County/State of Residence at death _____ Did spouse leave a will? _____
Yes ___ No ___ (if yes, please include a copy of the will)
Was it probated? Yes ___ No ___ c. _____
Divorced? Yes ___ No ___
Name of ex-spouse _____
Date and state of divorce: _____ Financial obligation _____ d. Are there any premarital or post-marital agreements in effect? Yes ___ No ___ (please include a copy)
7. **Children & Grandchildren** (please include any who are deceased)
a. Children Birthdate State of Residence
1. _____
2. _____
3. _____

- 4. _____
- 5. _____
- 6. _____

b. Grandchildren Birthdate State of Residence Parent's Name

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

c. Which descendants listed above are deceased? _____

8. Assets

a. Real Estate State Approx. Value Mortgage Balance

Residence _____

Other _____

Other _____ b.

Savings/Checking/Brokerage Accounts

Account Type	Financial Institution	Approx. Value or Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. IRAs Institution/Custodian Balance Primary Beneficiary

d. Employee Benefit Plans (For defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value.) Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yearly Contribution (for defined contribution plans): _____ e. Life

Insurance (list cash value and payoff value) _____

Institution/Administrator	Cash Value	Payoff Amount	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Trust Interests (including powers of appointment) _____

g. Other Major Assets (fine artwork, pending lawsuits, etc.) _____

h. Anticipated Inheritance _____ Name of
Person Who May Leave You Something _____
Relationship _____

Rough Estimate of Amount _____ i.

Business Interests

Ownership Arrangement (partnership/S-corp., etc.) _____
Approx.

Value _____ Number of
Employees _____ j. Automobiles

& Vehicles (including boats & trailers)

Make & Year	Date Acquired	Owner on Title	Issuer State	Value	Loan
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
1.	Consumer Debts _____	_____
	_____	_____
2.	Business Debts _____	_____
	_____	_____
3.	Guarantees _____	_____
	_____	_____
	_____	_____

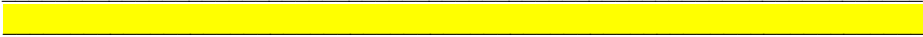
10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Dispositive Plan

a. Do you presently have a will? Yes ___ No ___
(please include a copy, if readily available)

b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)



c. In general, to whom do you want your estate to be distributed?

d. Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to the children?



12. Fiduciaries

Your executor is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary executor. Many banks and other institutions will serve as executor for a fee, but often it is best to appoint one of your heirs who is willing to serve for free.

If you have minor children, you should appoint a guardian to take care of them if both their parents die before they reach age 18 (you can also appoint a married couple as co-guardians). You must also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

a. Executor

b. Guardian and Trustee for minor children

Primary

Primary

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

First Alternate

First Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Second Alternate

Second Alternate

Name: _____ Name: _____
City & State: _____ City & State: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

13. Other Estate Planning Documents

a. **Statutory Durable Power of Attorney**

This document allows your designated agent to handle all of your personal affairs, including the execution of contracts, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important if you become incapacitated in any way.

Primary

Name: _____
Relationship: _____
Address: _____

Phone Number: _____

First Alternate

Name: _____
Relationship: _____
Address: _____

Phone Number: _____

Second Alternate

Name: _____
Relationship: _____
Address: _____

Phone Number: _____

b. **Medical Power of Attorney**

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc. Primary

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

First Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____

Second Alternate

Name: _____
Address: _____
Relationship: _____
Telephone #: _____ c.

Living Will

This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself. We can discuss this document more fully when we meet, but for now please consider the following questions:

1. A "terminal condition" is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

_____ Comfort treatment only. _____ All life-sustaining treatments. _____ Undecided.

2. An "irreversible condition" is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments?

_____ Comfort treatment only. _____ All life-sustaining treatments. _____ Undecided.

d. Declaration of Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted. The purpose of the Statutory Durable Power of Attorney is to avoid a costly guardianship; however, if a guardianship is instituted, the durable power of attorney is automatically revoked. An important feature of this document is that you can designate who you do not want to serve as your guardian and the judge cannot appoint those persons under any circumstance. Most people generally choose for their guardians the same persons they appointed in their Statutory Durable Power of Attorney and their Health Care Power of Attorney; if this is what you wish to do, just leave this section blank.

Guardian for Financial Purposes: _____ Guardian for Health Care Purposes:

Primary: _____ Primary: _____

Alternates: _____ Alternates: _____

_____ Persons

you wish to exclude:

