

# SANDERS



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### ESTATE PLANNING QUESTIONNAIRE – MARRIED COUPLE

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 names of both client (and spouse where applicable) as you will sign your wills:

\_\_\_\_\_

2. Address

\_\_\_\_\_

Have either of you ever lived in any state other than Texas? Yes / No  
Other States \_\_\_\_\_ Date you moved to Texas \_\_\_\_\_

Husband \_\_\_\_\_

Wife \_\_\_\_\_

3. Phone Numbers

a. Home \_\_\_\_\_

b. Fax \_\_\_\_\_

Social Security Numbers (optional)

a. His \_\_\_\_\_

b. Hers \_\_\_\_\_

email addresses: \_\_\_\_\_

4. Birthdates: His \_\_\_\_\_ Hers \_\_\_\_\_

Country of Citizenship: His \_\_\_\_\_ Hers \_\_\_\_\_

5. Occupation Work Phone Yearly Income

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Family-owned Business Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Description \_\_\_\_\_

EIN \_\_\_\_\_

6. Marital History

a. Are you currently married? Yes \_\_\_ No \_\_\_

Date & state of marriage: \_\_\_\_\_

- b. Widowed?
- **Him**  
 Yes \_\_\_ No \_\_\_  
 Name of deceased spouse \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Residence at death \_\_\_\_\_  
 Did spouse leave a will?    Yes \_\_\_ No \_\_\_  
 Was it probated?            Yes \_\_\_ No \_\_\_  
 (please include a copy of the will)
  - **Her**  
 Yes \_\_\_ No \_\_\_  
 Name of deceased spouse \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Residence at death \_\_\_\_\_  
 Did spouse leave a will?    Yes \_\_\_ No \_\_\_  
 Was it probated?            Yes \_\_\_ No \_\_\_  
 (please include a copy of the will)
- c. Divorced?
- **Him**  
 Yes \_\_\_ No \_\_\_  
 Name of ex-spouse \_\_\_\_\_  
 Date of divorce \_\_\_\_\_  
 State of divorce \_\_\_\_\_  
 Financial obligation \_\_\_\_\_  
 (please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)
  - **Her**  
 Yes \_\_\_ No \_\_\_  
 Name of ex-spouse \_\_\_\_\_  
 Date of divorce \_\_\_\_\_  
 State of divorce \_\_\_\_\_  
 Financial obligation \_\_\_\_\_  
 (please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)
- 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 of this marriage                      Birthdate                      State of Residence
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
- b. His children of previous marriage      Birthdate                      State of Residence
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_



- c. Her children of previous marriage      Birthdate      State of Residence
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
- d. Grandchildren      Birthdate      State of Residence      Parent's Name
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
- e. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k. Do you consider any of these assets to be separate property?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

1. Husband:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Wife:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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 or family member or close personal friend 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 should 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.

His

a. Executor

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hers

a. Executor

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_



b. Guardian and Trustee for minor children

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Guardian and Trustee for minor children

Primary

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Relationship: \_\_\_\_\_

13. Other Estate Planning Documents

a. Statutory Durable Power of Attorney

This document allows your designated agent to handle all of your personal financial 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. Spouses often name each other as their primary agents.

His

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Hers

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

First Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Second Alternate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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.

His

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Hers

Primary

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_



First Alternate	First Alternate
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____
Second Alternate	Second Alternate
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Relationship: _____	Relationship: _____
Telephone #: _____	Telephone #: _____

c. **Living Wills**

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?

Him:

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

Her:

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

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?

Him:

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

Her:

- Comfort treatment only.  
 All available life-sustaining treatments.  
 Undecided for now.

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.

His  
Guardian for Financial Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hers  
Guardian for Financial Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian for Health Care Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guardian for Health Care Purposes:  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_

e. Declaration of Mental Health Treatment:

This document allows you to designate your decisions regarding mental health medication and treatment choices before the need arises and when you are unable to express your mental health treatment choices at the time treatment is indicated.

Are you now, or have you ever been, under treatment for a psychiatric or other mental health disorder?      Yes / No      If yes, what is your diagnosis: \_\_\_\_\_

Do you have any opinions for or against the use of psychotropic drugs, electric shock treatment, admissions to inpatient psychiatric facilities, or any other therapies in the event that you are unable to express your wishes at the time treatment is being rendered?    Yes / No

If yes, please explain your opinions and wishes: \_\_\_\_\_  
\_\_\_\_\_

Name any treatments, medications or facilities that you do not consent to having or receiving:  
\_\_\_\_\_  
\_\_\_\_\_

If you have a preference, name the psychiatrist that you request for your treatment: \_\_\_\_\_  
\_\_\_\_\_

Agent for Mental Health Treatment Decision Purposes:

His  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hers  
Primary: \_\_\_\_\_  
Alternates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_

Persons you wish to exclude:  
\_\_\_\_\_  
\_\_\_\_\_





f. HIPAA Release:

Under Federal Law your privacy rights are protected under the Health Insurance Portability and Accountability Act. You have the right to predetermine whom you want to grant access to and exclude from access to your protected health information.

Persons you wish to have access to your protected health information:

His

Her

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Persons you wish to exclude:

Persons you wish to exclude:

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g. Designation of Personal Representative for the Veterans Administration:

Who do you designate to handle your affairs with the Veterans Administration?

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