

SANDERS



LAW GROUP, PLLC

6245 Rufe Snow Drive #280/327

Fort Worth, TX 76148

Office: (817) 887 – 9965 Fax: (817) 887 – 9964

Web: <https://www.DrSandersLaw.com/>

Adam Ridgeway, BA – Office Administrator

Garrett Ash – System Administrator, Security

Mark A. Sanders, DO, JD, MPH, LLM, FACOFP

Senior Partner – Mark@DrSandersLaw.com

Lisa McCullough Ash, JD, RN

Managing Partner – Lisa@DrSandersLaw.com

Lin C. Morrisett, JD, Of Counsel

Litigation Manager – Lin@DrSandersLaw.com

ATTORNEYS AND COUNSELORS AT LAW

ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON

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. Home _____ c. Fax _____
b. Work _____ d. Other _____
email address: _____
4. Birthdate: _____ Country of Citizenship: _____
Social Security Number (Optional): _____
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.

<p>a. Executor</p> <p>Primary</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p> <p>First Alternate</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p> <p>Second Alternate</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p>	<p>b. Guardian and Trustee for minor children</p> <p>Primary</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p> <p>First Alternate</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p> <p>Second Alternate</p> <p>Name: _____</p> <p>City & State: _____</p> <p>Relationship: _____</p>
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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: _____



First Alternate

Name: _____

Relationship: _____

Second Alternate

Name: _____

Relationship: _____

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:

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:

Primary: _____

Alternates: _____

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:

Persons you wish to exclude:

g. Designation of Personal Representative for the Veterans Administration:

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