



Texas Bar College
Professionalism Through Education

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Certified by the Board of Legal
Specialization in Residential Real Estate

WILL PLANNING QUESTIONNAIRE

I. PERSONAL INFORMATION

Please give full legal names of all persons you name on this form.

A. Individual:

(1) Name _____

(2) Birth Date _____

(3) Occupation _____

(4) Address and Phone _____

(5) Business Address and Phone _____

B. States Resided in other Than Texas (and Dates of Residence)

C. Prior Marriage(s) if any _____

(1) How Terminated _____

(2) When terminated _____

(3) Where terminated _____

(4) Financial responsibilities _____

D. Family Members: Children, grandchildren, parents, etc. Put “PM” by names of children from prior marriage and “H” or “W” to indicate whether a prior marriage of husband or wife; e.g., “PM-W” means child of prior marriage of wife.

| Name | Birth Date or Approximate Age | Relation |
|-------|-------------------------------|----------|
| ~~~~~ | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

E. Financial Advisors, if any

- (1) Principal Bank _____
- (2) Trust Officer _____
- (3) Accountant _____
- (4) Insurance Advisor _____
- (5) Broker or Investment Advisor _____

F. Safe Deposit Box

Location: _____

Person with Access: _____

G. Other Personal Information (or family characteristics you feel should be mentioned)

II. ESTATE PLANNING OBJECTIVES

A. Where would you want your property to go (without regard to the impact of any estate and inheritance taxes) **if:**

(1) You die leaving descendants

(2) You die leaving no descendants

B. Whom would you want as executor: (administrator trust, invest and manage assets, make distributions, etc.)?

- 1. _____
- 2. (Alternate) _____
- 3. (Alternate) _____

C. Whom would you want as trustee, if any (administrator trust, invest and manage assets, make distributions, etc.)?

- 1. _____
- 2. (Alternate) _____
- 3. (Alternate) _____

TRUST AGE DISBURSEMENT: _____

D. If you die leaving minor children, who would you want to be their guardian?

- 1. _____
- 2. (Alternate) _____
- 3. (Alternate) _____

E. Do you want powers of attorney (CIRCLE ONE) (Durable or General) or (Medical) and who do you want to be the Attorney in fact or Agent?

Name: _____
Address: _____
Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

**F. Do you want a burial or cremation request in the Will: (CIRCLE ONE)
(YES or NO) If yes: (CIRCLE ONE) (BURIAL or CREMATION)**

If burial, location of cemetery _____

**G. Do you want to be able to add a memorandum to your Will, if you later
desire, to designate items to a beneficiary?**

YES _____ NO _____

H. Do you have any specific bequests? If so, what item and who will get it?

1. _____

2. _____

3. _____

4. _____

5. _____

NOTES:

REGARDING CARL & TAVEL, PLLC:

How were you referred to this office (please check one)?:

- Personal reference: _____
- Phonebook
- Internet
- Other: _____