

Please send completed questionnaire to  
**Plunk Smith, PLLC**  
 2801 Network Boulevard, Suite 300  
 Frisco, Texas 75034  
 Fax: 972.294.5274

## ESTATE PLANNING QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary, please use additional sheets of paper to answer the questions. **PLEASE PROVIDE A COPY OF ANY PREVIOUS WILLS, TRUSTS, AND PREMARITAL AGREEMENTS (IF ANY) ESTABLISHED BY YOU OR FOR YOUR BENEFIT.**

GENERAL CLIENT INFORMATION				
NAME (LAST)	FIRST	MIDDLE	SOCIAL SEC. NO.	BIRTH DATE / /
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT IS YOUR COUNTRY OF CITIZENSHIP?				
CLIENT'S ADDRESS			COUNTY OF RESIDENCE	
PHONE NUMBER		PREFERRED EMAIL ADDRESS		
NAME, ADDRESS AND PHONE NUMBER OF YOUR CPA (if any)				
NAME, ADDRESS AND PHONE NUMBER OF YOUR FINANCIAL ADVISOR (if any)				
WHO REFERRED YOU TO OUR OFFICE?		DO YOU WISH ANY OTHER PARTY TO RECEIVE COPIES OF YOUR DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?		
I. PERSONAL AND FAMILY DATA				
<b>A</b>	ANY PREVIOUS MARRIAGE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE DEATH OCCURRED, OR DISSOLUTION OF MARRIAGE WAS FINAL.			
<b>B</b>	ARE THERE ANY CHILDREN (INCLUDING ADOPTED CHILDREN) FROM YOUR CURRENT RELATIONSHIP, A PRIOR MARRIAGE, OR PRIOR RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW.			
FULL NAME	BIRTH DATE / /	MOTHER'S NAME	FATHER'S NAME	
	/ /			
	/ /			
	/ /			
HAVE ANY OF THE ABOVE CHILDREN PREDECEASED THEIR PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE INDICATE WHICH.)				
DO YOU WISH TO PROVIDE FOR CHILDREN BORN TO OR ADOPTED BY YOU IN THE FUTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY CHILDREN OR OTHER BENEFICIARIES WITH SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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**C** IN A FEW SENTENCES, PLEASE TELL US ABOUT YOUR ESTATE PLANNING GOALS. EXAMPLES OF SUCH GOALS COULD BE MINIMIZING ESTATE TAXES, PROVIDING FOR YOUR DESCENDANTS, PROTECTING A FAMILY BUSINESS, ETC. ADDITIONALLY, PLEASE LIST WHOM YOU WISH TO PROVIDE FOR IN YOUR WILL.

DO YOU WISH TO BE BURIED OR CREMATED?  BURIED  CREMATED

**II. DISPOSITION OF THE ESTATE**

**A** PLEASE LIST ALL SPECIFIC BEQUESTS, IF ANY, THAT YOU WISHE TO MAKE. A "SPECIFIC BEQUEST" IS THE GIFT OF A CERTAIN ARTICLE (SUCH AS A PIECE OF JEWELRY OR A PAINTING) TO A SPECIFIC INDIVIDUAL OR GROUP OF INDIVIDUALS.

SPECIFIC BEQUESTS:

**B** UPON YOUR DEATH, THE ESTATE WILL BE DISTRIBUTED TO THE BENEFICIARIES. THE ESTATE CAN BE DISTRIBUTED "OUTRIGHT" (DIRECTLY TO THE BENEFICIARIES) OR "IN TRUST" (PLACED INTO A TRUST CREATED FOR THE BENEFIT OF THE BENEFICIARIES BUT NOT NECESSARILY CONTROLLED BY THE BENEFICIARIES). BEQUEATHING ASSETS INTO A TRUST ALLOWS FOR ENHANCED CONTROL AND CREDITOR PROTECTION OVER THE ASSETS. FOR MORE GUIDANCE ON THE PROPER OPTION FOR YOU, PLEASE SPEAK WITH ONE OF OUR ATTORNEYS.

IF YOU WISH TO HAVE YOUR ASSETS DISTRIBUTED IN TRUST TO BENEFICIARIES, YOU HAVE THE OPTION OF NAMING BENEFICIARIES CO-TRUSTEE AND SOLE TRUSTEE OF THE TRUSTS AT CERTAIN AGES. YOU MAY ALSO ELECT THAT THE BENEFICIARIES NEVER SERVE AS TRUSTEE. FOR MORE GUIDANCE, PLEASE SPEAK WITH ONE OF OUR ATTORNEYS.

AT WHAT AGE SHOULD BENEFICIARIES BECOME CO-TRUSTEE? \_\_\_\_\_ AT WHAT AGE SHOULD BENEFICIARIES BECOME SOLE TRUSTEE? \_\_\_\_\_

**C** IN THE EVENT THAT YOUR PRIMARY BENEFICIARIES ALL PREDECEASE YOU, THE ESTATE WILL PASS TO CONTINGENT BENEFICIARIES. PLEASE LIST DESIRED CONTINGENT BENEFICIARIES BELOW. THE ESTATE WILL BE DISTRIBUTED EVENLY TO ALL CONTINGENT BENEFICIARIES UNLESS YOU INDICATE OTHERWISE.

	CONTINGENT BENEFICIARIES	RELATION
1.		
2.		
3.		
4.		

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### III. DESIGNATION OF EXECUTORS, REPRESENTATIVES, GUARDIANS, AND TRUSTEES

WHO SHOULD BE NAMED AS EXECUTOR OF YOUR ESTATE?

(THE EXECUTOR IS THE PERSON OR INSTITUTION IN CHARGE OF CARRYING OUT THE TERMS OF YOUR WILL.)

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION
1.				
2.				
3.				
4.				

WHO SHOULD BE NAMED AS YOUR MEDICAL POWER OF ATTORNEY?

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION
1.				
2.				
3.				
4.				

WHO SHOULD BE NAMED AS YOUR FINANCIAL POWER OF ATTORNEY?

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION
1.				
2.				
3.				
4.				

WHO SHOULD BE NAMED AS TRUSTEE FOR TRUSTS CREATED UNDER YOUR WILL? (NOTE: IT IS ADVISABLE TO NAME A FINANCIAL INSTITUTION AS A BACK-UP TRUSTEE IN CASE ALL INDIVIDUAL TRUSTEES PREDECEASE THE ESTABLISHMENT OF THE TRUST.)

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION
1.				
2.				
3.				
4.				

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IF YOU HAVE MINOR CHILDREN, WHOM WOULD YOU LIKE TO NAME AS THEIR GUARDIANS IN THE EVENT THAT BOTH PARENTS PREDECEASE THE CHILDREN BEFORE THE CHILDREN ARE LEGAL ADULTS?				
	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION
1.				
2.				
3.				
4.				
FOR OFFICE USE ONLY				
<input type="checkbox"/> DESCENDANTS' TRUSTS	<input type="checkbox"/> REVOCABLE TRUST	<input type="checkbox"/> TRANSFER ON DEATH DEED	<input type="checkbox"/> DECLARATION OF GUARDIAN FOR MINORS	