

GALLIGAN & MANNING

A Partnership of Professional Corporations

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CONFIDENTIAL CHECKLIST AND QUESTIONNAIRE FOR ESTATE PLAN

This checklist and questionnaire is designed to help you assemble the information needed in anticipation of our estate planning conference and to assist you in making some of the important decisions relating to your estate plans. The information in this checklist and questionnaire is strictly confidential. If you have any questions concerning Texas probate, the role of an executor, trustee or guardian, or the estate tax system, please refer to the Summary of Basic Considerations in Estate Planning on our website (or you may request a copy by calling our office).

Date: _____

Name: _____

Address: _____

County of Residence: _____

Relevant Phone Numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

Would you like to receive monthly email newsletters from the firm on issues relating to estate planning? _____ Yes _____ No

Referred by: _____

Family History

In order to effectively prepare an estate plan, certain family information is necessary. Please answer the following:

Your Information

Legal Name _____

Employer & Business _____

Employer Address _____

Birth Date _____

Place of Birth _____

Social Security Number _____

U.S. Citizen _____ Yes _____ No

Children (Please indicate if any children are of a previous marriage):

Name & Address	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Your Grandchildren:

Their Parents:	Name:	Birth Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your marital history:

Have you had a prior marriage that ended because of death? (Please state date and place of death) _____

Have you had a prior marriage that ended because of divorce? (Please state date and state and county of divorce)

Have you ever executed a "joint Will" with a former spouse (one Will executed by both a husband and wife)

Do you have any obligations under a property settlement agreement or child support agreement from a prior marriage? _____

Are you a party to a shareholder agreement or a buy-sell agreement relating to a business interest? If so, please bring a copy of the agreement to our meeting.

Yes _____ No _____

Do you have an expectation of an inheritance? Please give details. Note: There are tax considerations involved if there is a possibility of inheritance from parents or other family members.

Is there any other information about your parents or other family members that you feel is relevant to your estate plan?

Distribution of Estate

Please complete the following regarding how you wish your estate to be distributed:

Upon your death, how and to whom do you want your assets distributed?

: _____

: _____

If you die prematurely and you have children, at what age should your children receive any property from your estate? _____

Do any of your children have special educational, medical or financial needs?

Do you wish to make a bequest to a charity? Please furnish details.

If none of the beneficiaries you have named above survive, how do you wish your property to pass?

_____ to my closest heirs
_____ elsewhere (give details) _____

Is a beneficiary you wish to name in your Will receiving government benefits due as a result of a disability (this would include a parent receiving Medicaid) ?

If so, please explain:

Choice of Executor (Note – you may choose more than one person or entity to act as co-executors)

First Choice for Executor: _____

Second Choice for Executor: _____

Third Choice for Executor: _____

Do you wish the Executor to receive compensation? _____

Choice of Trustee

Whom do you desire to appoint as trustee of any trust created in your will or trust agreement for the benefit of a child of yours (or any other beneficiary for whom you are creating a trust), if such child (or beneficiary) receives property under your Will or trust?

First Choice for trustee: _____

Second Choice for trustee: _____

Third Choice for trustee: _____

Do you wish a trustee to receive compensation? _____

Choice of Guardian for Minor or Otherwise Incapacitated Children

Whom do you wish to appoint as guardian of the person of your minor or otherwise incapacitated children?

First Choice for guardian: _____

Second Choice for guardian: _____

Third Choice for guardian: _____

Do you want to give the trustee of a minor child's trust the authority to provide financial assistance to the guardians to, among other things, assist the guardians in obtaining appropriate housing accommodations, finance an addition to an existing residence, and provide for the costs of support, medical care, insurance and education for your minor child or children?

_____ Yes _____ No

Financial Information

Even if you do not believe that you are a candidate for death tax planning, many aspects of estate planning turn on the character of your property, and the way it is held, in addition to its value. The following information will help insure that your property will be ultimately distributed in accordance with your wishes.

Please show whether any property you own with another is held as joint tenants with right of survivorship (JTWROS). If assets such as a bank account or stock are held in joint tenancy with right of survivorship, this is usually indicated on the account

signature card or stock certificate. It is important to identify these joint tenancy with right of survivorship assets because such assets will not pass under your Will which may inadvertently thwart any planning you wish to accomplish.

You may attach a separate sheet, if necessary, or, if you have your own summary of your financial assets, that would take the place of the following. Please do not worry about being too exact on the values. Assets change and their values change, too, over time. We just need to get a general picture of your situation and what we can do to minimize the expense of probate and estate taxes.

A. Real Estate

	Your Residence	Property #2	Property #3
Description	_____	_____	_____
Location	_____	_____	_____
Income, if any	_____	_____	_____
Owned in name of	_____	_____	_____
Date acquired	_____	_____	_____
Cost	_____	_____	_____
Approx. Value (without deducting debt)	_____	_____	_____

B. Producing Oil Properties or Other Mineral Interests

Description	Approx. Annual Income	Approx. Value

C. Stock

Description	Number of Shares	Approximate Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Bonds

Description	Face Value	Maturity Date	Approximate Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Cash Accounts (including certificates of deposit) and Mutual Funds

Type of Account	Location of Account	Whose Name is on Bank, Brokerage Account or Mutual Fund	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Employment Benefits

	Custodian or Trustee	Approximate Amount	Beneficiary
IRA's, annuity or bond	_____	_____	_____
Keogh (HR-10)			

Account	_____	_____	_____
Corporate Pension Plan	_____	_____	_____
Corporate Profit Sharing Plan	_____	_____	_____
Other Plan (stock option, nonqualified deferred compensation plan)	_____	_____	_____

G. Insurance

	Policy #1	Policy #2	Policy #3
Insured	_____	_____	_____
Company	_____	_____	_____
Type of Policy	_____	_____	_____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____
Face Amount	_____	_____	_____

H. Do you have any interests in a closely held corporation, partnership or sole proprietorship? Please give details.

I. Unusual Personal Property (for example, jewelry, art, collections, patents)

Description	Approximately Value
_____	_____
_____	_____
_____	_____
_____	_____

Do you wish to leave particular items of personal effects and household furnishings to specifically named individuals?

_____ Yes _____ No

J. Miscellaneous

Have you ever filed a gift tax return? _____ Yes _____ No

Have you ever made a gift to a minor under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act? _____ Yes _____ No

If yes, who is the custodian? _____

Are you the beneficiary of a trust created by another? (Give details)

Have you created any trusts in the past? (Give details)

Are there any special provisions you would like to make which are not addressed in any of the questions in this questionnaire?

Statutory Durable Power of Attorney

The Statutory Durable Power of Attorney is a document in which you name an agent to make financial and property decisions for you. The power of attorney may be effective immediately or when a doctor certifies that you are not able to handle your financial affairs. The Statutory Durable Power of Attorney helps to avoid a court appointed guardian if you ever become incapacitated. If you wish to grant your agent the power to make gifts, this must be specifically provided for in the power of attorney. (Sometimes it is advantageous for estate tax reasons to allow the agent this power.)

Whom do you wish to appoint as your agent under a Statutory Durable Power of Attorney (typically the spouse is named as first agent)?

Name: _____

Address: _____

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent:

Address:

When should the power of attorney become effective?

immediately _____ on disability _____

Do you wish to grant the agent the authority to make gifts? _____ Yes _____ No

If so, should gifts be limited to a certain class of people (for example, descendants)?

_____ Yes _____ No

Should the agent be allowed to make gifts to a charity? _____ Yes _____ No

Do you wish to compensate an agent acting under your power of attorney?

_____ Yes _____ No

Medical Power of Attorney

Like the Statutory Durable Power of Attorney, the Medical Power of Attorney helps to avoid a court appointed guardian in the event you are not able to make health care decisions for yourself.

Whom do you wish to appoint as your agent under a Medical Power of Attorney?

Name: _____

Address: _____

Phone Number: _____

Do you wish to name an alternate agent in the event the first agent is unable to act?

Name of alternate agent: _____

Address: _____

Phone Number: _____

Do you wish to name a second alternate agent in the event the first alternate agent is unable to act?

Name of second alternate agent: _____

Address: _____

Phone Number: _____

Do you wish to be an organ, eye or tissue donor? Yes No

Directive to Physicians

The Directive to Physicians (sometimes referred to as a living will) states that if you are ever certified to have a terminal condition, you do not want your life prolonged

by artificial means. This is a very personal decision and that is why this document is optional.

Husband:

Are you interested in a Directive to Physicians? _____ Yes _____ No

Professional Advisor Information

Do you have any of the following professional advisors? (Please circle appropriate response and complete information requested):

Accountant/Tax Advisor: Yes No Not Sure

Advisor's Name _____

Address: _____

Phone: _____ Email: _____

Investment/Financial Advisor: Yes No Not Sure

Advisor's Name _____

Address: _____

Phone: _____ Email: _____

Life Insurance Agent: Yes No Not Sure

Advisor's Name _____

Address: _____

Phone: _____ Email: _____

Other Attorney: Yes No Not Sure

Advisor's Name _____

Address: _____

Phone: _____ Email: _____