

**ESTATE PLAN
PERSONAL AND FINANCIAL QUESTIONNAIRE**

OF

(Full Legal Name)

Please obtain as many of the following items and requested information as possible. Do not be surprised if you cannot complete all items. However, please make an attempt to gather the information requested. After you have made an effort to collect this information, please call my office and set an appointment to review this document. After reviewing this information with you, we will analyze your estate for tax planning purposes and draft documents to meet your wishes and desires that we discuss at our meeting.

In addition to its planning function, this document organizes and provides valuable information related to your estate. In addition to others, your executor, agent, family, and lawyer will find this information of invaluable assistance in the events of death or incapacitation. After completing this document, select a safe place to store it as well as the important records identified herein. In addition to selecting a safe location for storage, you should ensure that at least one other person understands the contents of this document and knows where to locate records and other important documents.

The Financial Information Summary is the most important part of this information with regard to the preliminary tax and estate planning. Most of the remainder of the information, while it is useful and sometimes necessary to have early in the process, may be extremely beneficial to your executor, family, lawyer, and friends.

Additionally, we suggest that parties obtain a folder or three ring binder and insert this as a sort of table of contents, and for each document referred to below insert copies, not originals. Originals should be stored in a safe location of your choice that is identified in your plan documents.

This document and your estate planning documents should be reviewed periodically and updated when required.

Please attempt to provide the complete legal name for any person, bank, corporation, or any other entity that may be listed in these documents. Providing a name that you commonly refer to someone or the trade name of a business or bank may be absolutely useless and even misleading.

These records are considered privileged and confidential and may be protected by the attorney-client privilege and other privileges.

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**ESTATE PLAN
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Introduction:

The summary information requested below is only intended to include minimal information regarding the value, title, and location of assets, liabilities, and income; you are asked to provide other pertinent details in the sections below. One element that requires more detail at this point is the determination of ownership of assets.

Determining ownership of property among spouses is imperative in estate planning for married persons. Ownership of property among married persons is determined according to the community property law of Texas. In Texas, upon the dissolution of marriage by death, property possessed by either spouse is presumed to be community property. TEX. FAM. CODE ANN. § 3.003 (Vernon 1998). Property owned by a spouse before marriage, or acquired during the marriage by gift, devise, or descent is considered separate property. TEX. FAM. CODE ANN. § 3.001 (Vernon 1998). Based on these two simple rules, property that is merely possessed by either spouse is most likely going to be legally determined to be community property. If you believe that you own separate property, it must be clearly documented and treated as your separate property to maintain its character as such.

Terminology:

“State” means the provincial and sovereign states of the United States where real property is located. List all real estate whether or not it is located in Texas.

“Ownership” or “Held” means the character of the property with regard to how title is held to it. Five basic forms of ownership are used here as more particularly described below.

J refers to Joint tenancy – property held as a co-owner with another person. Common examples may include bank accounts that are owned with a parent or sibling or property where a person owns an undivided interest.

H refers to Husband’s Separate Property – property that the Husband owned prior to marriage or property that she acquired during marriage by gift, devise, or descent is considered separate property.

W refers to Wife’s Separate Property – property that the Wife owned prior to marriage or property that she acquired during marriage by gift, devise, or descent is considered separate property.

CP refers to Community Property – all property acquired during marriage and all property as agreed by Husband and Wife during marriage.

T refers to Trust – all property held in trust.

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Summary Financial Information

<i>Assets</i>	<i>State</i>	<i>Value</i>	<i>Ownership</i>
<u>Real Estate</u>			<u>J / H / W / T / CP/</u>

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

<u>Promissory Notes / Deeds of Trusts</u>	<u>J / H / W / T / CP</u>
---	---------------------------

- 1.
- 2.

<u>Business Interest (Corporations, Partnerships, etc.)</u>	<u>J / H / W / T / CP</u>
---	---------------------------

- 1.
- 2.

<u>Life Insurance / Annuities</u>	<u>J / H / W / T / CP</u>
-----------------------------------	---------------------------

- 1.
- 2.
- 3.

<u>Personal Property (Vehicles, Furniture, Jewelry, etc.)</u>	<u>J / H / W / T / CP</u>
--	---------------------------

- 1.
- 2.

<u>Brokerage Accounts / Mutual Fund</u>	<u>J / H / W / T / CP</u>
---	---------------------------

- 1.
- 2.
- 3.

<u>Retirement Accounts</u>	<u>J / H / W / T / CP</u>
----------------------------	---------------------------

- 1.
- 2.

Certificate of Deposits

- 1.
- 2.

<u>Cash Flow / Income Source</u>	<u>Per Month</u>
----------------------------------	------------------

1. Your annual salary or wages \$ _____
2. Your spouse's annual salary or wages \$ _____
3. Income from other sources \$ _____

Summary

Approx. Total Monthly Income \$ _____	Approx. Total Assets \$ _____
Approx. Total Monthly Expenses \$ _____	Liabilities \$ _____
Approx. Net Equity \$ _____	

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1. Originals, Copies, Revisions, and Reviews of These Records

This information was entered on the _____ day of _____, 20__, by
_____.

It has been revised as follows:

1. _____ 2. _____
Name Date Name Date

It has been reviewed as follows:

1. _____ 2. _____
Name Date Name Date

The original of these records is located at: _____
_____.

A copy of these records is located at: _____
_____.

2. Personal Information

My full legal name is:

First Middle Last Suffix

Throughout my life I have also been known as:

First Middle Last Suffix

My legal residence is:

Address City State Zip County

Date of Birth: _____
Month Day Year

Place of Birth: _____
City County State

Birth Records are located at: _____
_____.

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If citizen of _____ Date entered
Foreign country _____ U.S.A.: _____

Citizenship Papers at: _____

I am Married to: _____
First Middle Maiden Name

Wedding: _____ at _____
Mo. Day Year City County State

Birth Date of Spouse: _____
Month Day Year

Place of Birth: _____
City County State Country

My Children's Names and Birthdates are:

1. _____
First Middle Last Suffix Birthdate

2. _____
First Middle Last Suffix Birthdate

3. _____
First Middle Last Suffix Birthdate

My Brother's and Sister's Names and Birthdates are:

1. _____
First Middle Last Suffix Birthdate

2. _____
First Middle Last Suffix Birthdate

3. _____
First Middle Last Suffix Birthdate

Former Marriages (list all):

Former Spouse: _____
First Middle Maiden Name

If marriage ended in death:

Date _____
Month Day Year

Matter No. []

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Cause of Death: _____
Cause City Age

If marriage ended in divorce:

Date _____
Month Day Year

Place of Divorce: _____
City State

Records at: _____

Attorney: _____

Parents:

Father: _____
First Middle Last Suffix

Born: _____

Died: _____

Buried at: _____

Mother: _____
First Middle Maiden Last

Born: _____

Died: _____

Buried at: _____

Military Service:

_____ No military service

Branch: _____ Country _____

From: _____ To: _____

Discharge: _____
Date Type

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Highest Rank Attained: _____

Employment History:

My present employer is: _____
Name

Address Phone

Date Started: _____ Supervisor: _____

Social Security No.: _____

Card located at: _____

In addition, I am eligible under the following pension, profit sharing and other benefit plans:

1. _____
2. _____
3. _____
4. _____

I am _____ am not _____ a member of a Labor Union.

Name of Local: _____

Address Phone

I am _____ am not _____ a member of a Credit Union.

Name Address City State Phone

3. My Estate Planning Documents

My Will:

I do _____ do not _____ have a Will.

Location of Executed Original(s) Date of document

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I do _____ do not _____ have a Codicil (revision of my Will).

Location of Executed Original(s)	Date of document
----------------------------------	------------------

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

Executor(s):

1.	Name	Address	City	State	Phone
2.	Name	Address	City	State	Phone
3.	Name	Address	City	State	Phone

Trustee(s):

1.	Name	Address	City	State	Phone
2.	Name	Address	City	State	Phone
3.	Name	Address	City	State	Phone

Guardians of my Children:

1.	Name	Address	City	State	Phone
2.	Name	Address	City	State	Phone
3.	Name	Address	City	State	Phone

Witnesses to Will: (List Names, Addresses, and Phone)

1.	Name	Address	City	State	Phone
2.	Name	Address	City	State	Phone
3.	Name	Address	City	State	Phone

My Directive to Physicians and Family or Surrogates ("Living Will"):

I do _____ do not _____ have a "Living Will"

Matter No. []

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Location of Executed Original(s)	Date of document
----------------------------------	------------------

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

My Medical Power of Attorney:

I do _____ do not _____ have a Medical Power of Attorney.

Location of Executed Original(s)	Date of document
----------------------------------	------------------

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

My Durable Power of Attorney for Property:

I do _____ do not _____ have a Durable Power of Attorney for Property.

Location of Executed Original(s)	Date of document
----------------------------------	------------------

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

My Declaration of Guardian:

I do _____ do not _____ have a Declaration of Guardian.

Location of Executed Original(s)	Date of document
----------------------------------	------------------

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

My Trusts:

I have created the following trusts:

Trust Name: _____

Date of Trust Instrument: _____

Matter No. []

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Original Trust Instrument is located at: _____
Name and Address of Current Trustee: _____
Name and Address of Successor Trustee(s): _____

Attorney that drafted this document

Name	Address	City	State	Phone
------	---------	------	-------	-------

I am a beneficiary of the following trusts:

Trust Name: _____
Tax Identification Number: _____
Date of Trust Instrument: _____
Original Trust Instrument is located at: _____
Name and Address of Current Trustee: _____
Name and Address of Successor Trustee(s): _____

Trust Name: _____
Tax Identification Number: _____
Date of Trust Instrument: _____
Original Trust Instrument is Located At: _____
Name and Address of Current Trustee: _____
Name and Address of Successor Trustee(s): _____

Other Estate Planning Documents:

1.	Description	Location	Date
2.	Description	Location	Date

4. Insurance

My Life Insurance:

I do _____ do not _____ own Life Insurance.

Itemized list of policies:

1.	Insurer Name	Policy Description	Policy Number	Location
2.	Insurer Name	Policy Description	Policy Number	Location

Important papers filed with the policies: (Check all that apply)

Matter No. []

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___ Endorsements ___ Dividend Payments ___ Loan Documents
___ Premium Receipts ___ Assignments ___ Settlement Agreements

Life Insurance Policies Covering Others:

I do _____ do not _____ own insurance policies on the lives of others.

Itemized list of policies:

1. _____
Insurer Name Policy Description Policy Number Location

2. _____
Insurer Name Policy Description Policy Number Location

Name(s) of persons insured: _____

1. _____
Name Address City State Phone

2. _____
Name Address City State Phone

3. _____

I have _____ have not _____ made loans against some of the policies.

Itemized list of loans:

1. _____
Policy Number Amount Current Balance Terms

2. _____
Policy Number Amount Current Balance Terms

3. _____
Policy Number Amount Current Balance Terms

Important papers filed with the policies: (Check all that apply)

___ Endorsements ___ Dividend Payments ___ Loan Documents
___ Beneficiary Forms ___ Premium Receipts ___ Assignments
___ Settlement Agreements

My principal life insurance broker is:

Name Address City State Zip Phone

My Annuities:

I do _____ do not _____ have annuities:

Itemized list:

Matter No. []

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1. _____
Annuity Name Contract Description Contract Number Location

2. _____
Annuity Name Contract Description Contract Number Location

My principal annuity contract broker is:

Name Address City State Zip Phone

Medical and Long Term Care Insurance:

Accident, Hospitalization, Disability, Long term care and all other insurance (in addition to and exclusive of those covered by employer) not noted elsewhere.

Location of List: _____

Location of Policies: _____

Broker/agent Phone

Medicare:

I am _____ am not _____ registered for Medicare.

Enrollment _____ at _____
Date City State

Medicare card located at: _____

5. My Assets and Liabilities

Safe Deposit Boxes:

I have _____ do not have _____ a safe deposit box(es.)

They are located at

1. _____
Bank or Institution Name Branch Names on Account Number

2. _____
Bank or Institution Name Branch Names on Account Number

Keys to these box(es) are located at

1. _____

Matter No. []

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Bank or Institution Name	Branch	Names on Account	Box Number
2. _____	_____	_____	_____
Bank or Institution Name	Branch	Names on Account	Box Number

The following person has access:

Name	Address	City	State	Box Number
_____	_____	_____	_____	_____
Name	Address	City	State	Box Number

Description and value of contents [indicating source of purchase price of any valuable contents and how they are held; *e.g.*, separately *or* jointly *or* community property]

1. _____	Description	Value	Source	Held
2. _____	Description	Value	Source	Held

Checking, Savings, and Money Market Accounts:

Checking Accounts:

1. _____	Bank or Institution Name	Branch	Names on Account	Number
2. _____	Bank or Institution Name	Branch	Names on Account	Number

Savings Accounts:

1. _____	Bank or Institution Name	Branch	Names on Account	Number
2. _____	Bank or Institution Name	Branch	Names on Account	Number

Other Accounts:

1. _____	Bank or Institution Name	Branch	Names on Account	Number
2. _____	Bank or Institution Name	Branch	Names on Account	Number
3. _____	Bank or Institution Name	Branch	Names on Account	Number

Passbooks located at: _____

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Name of person with power to sign checks for me:

Name	Address	Phone
------	---------	-------

Real Estate:

I do _____ do not _____ own real estate. _____ I am the sole owner.

It is located at: _____

My Homestead is: _____

Mortgage on residence is held by:

The following documents are located at: _____

_____ Deed	_____ Mortgage Insurance Policy
_____ Copy of Mortgage	_____ Title Abstract
_____ Improvement Loans	_____ Closing Statement
_____ Title Insurance	_____ Leases
_____ Tax Receipts	_____ Maps and Surveys

Other Real Estate I own: _____ I am sole owner.

Description and value of Real Estate [indicating source of purchase price of any valuable contents and how they are held; *e.g.*, separately *or* jointly *or* community property]

1.	Description	Value	Source	Held
----	-------------	-------	--------	------

2.	Description	Value	Source	Held
----	-------------	-------	--------	------

Documents pertaining thereto are located at:

Insurance Coverage is provided by:

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Name of Broker

Address

Phone

Policies are located at: _____

I lease property to others: _____ Yes _____ No

_____ Vacant _____ Improved

To: _____
Name Address Phone

At _____
List Location

Leases can be found at: _____

U. S. Savings Bonds:

I do _____ do not _____ own U.S. Savings Bonds.

_____ I am sole owner.

List of Bonds – Serial Numbers – Co-ownership – and who is a Beneficiary at my death can be found at: _____

Bonds are located at: _____

Securities: Stocks, Bonds, Mutual Funds:

I do _____ do not _____ own securities such as stocks, bonds, or mutual funds.

List of all securities, with certificate and CUSIP numbers will be found at:

Certificates located at: _____

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I do _____ do not _____ have a brokerage account.

Name of Broker or Firm: _____

Name

Address

Phone

Records of Purchase and Sale are located at: _____

List Securities pledged for loans:

_____ with _____
Lender Address

_____ with _____
Lender Address

_____ with _____
Lender Address

Personal Property:

I own the following personal property:

Motor Vehicles: Yes _____ No _____

1. _____
Make Model VIN Year

2. _____
Make Model VIN Year

Certificates of Title for above mentioned motor vehicles are located at: _____

Household Furnishings: Yes _____ No _____

Located at: _____

Record of Inventory located at: _____

Jewelry: Yes _____ No _____

Matter No. []

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Inventory List & Appraisals are located at: _____

Boat: Yes _____ No _____

1.
Make
Year

2.	Motor	Year
----	-------	------

Located at: _____

Aircraft: Yes _____ No _____

1.	
Make	Year

2. _____

Make	Year
------	------

Miscellaneous Personal Property – (not previously listed):

Pertinent insurance policies on personal property are located at: _____

Insurance Broker: _____

Name	Phone
------	-------

Proof of Ownership, Receipts, Bills of Sales, etc., are located at: _____

Miscellaneous Assets:

List here other assets you own that are not otherwise covered above.

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Credit Cards:

I possess the following credit cards:

1.	Description	Account No.
2.	Description	Account No.
3.	Description	Account No.

Other Liabilities:

Mortgages, notes, and other debts not noted elsewhere [itemize any significant debts, liabilities, and obligations of you and your spouse, including estimates on any contingent liabilities such as guaranties, and provide following information for each item listed]

1.	Description	Held	Amount	Current Balance	Due Date	Terms
2.	Description	Held	Amount	Current Balance	Due Date	Terms
3.	Description	Held	Amount	Current Balance	Due Date	Terms
4.	Description	Held	Amount	Current Balance	Due Date	Terms
5.	Description	Held	Amount	Current Balance	Due Date	Terms

Tax Records:

Copies of previous years tax returns filed are located at: _____

Party who prepared or assisted in tax returns: _____

Matter No. []

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Work sheets and evidence in support of returns are located at: _____

Current withholding tax forms and receipts received from my employer are located at: _____

Inter vivos (lifetime) gifts for which for which a gift tax return was required:

1.	Date	Value	Donee's Name	Donee's Relationship	Gift Tax Return Date
2.	Date	Value	Donee's Name	Donee's Relationship	Gift Tax Return Date
3.	Date	Value	Donee's Name	Donee's Relationship	Gift Tax Return Date
4.	Date	Value	Donee's Name	Donee's Relationship	Gift Tax Return Date
5.	Date	Value	Donee's Name	Donee's Relationship	Gift Tax Return Date

Future property obtained by gift, inheritance, or other means: *[if you or your spouse might inherit property of a significant value please specify the following information for each]*

1.	Date(if known)	Nature (Real estate, stock, etc.)	Anticipated Value
2.	Date(if known)	Nature (Real estate, stock, etc.)	Anticipated Value

General and Limited Powers of Appointment *[itemize, including following information for each item listed]:*

1.	Source (e.g., Will)	Property subject to power	Value
2.	Source (e.g., Will)	Property subject to power	Value
3.	Source (e.g., Will)	Property subject to power	Value

6. Funeral Planning

[Special documents are required to leave binding burial instructions. Any wish written here is not binding on anyone or your family. Your lawyer may provide additional information.]

I do _____ do not _____ own a cemetery lot.

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Cemetery Lot: _____
Name of Cemetery Describe location

Deed located at: _____

There is _____ is not _____ provision for perpetual care.

I have given instructions regarding my funeral in:

_____ Letter Other: _____

List membership in lodges or fraternal organizations providing cemetery benefits:

1.	Organization Name	Address	City	State	Zip	Phone	Member Number
2.	Organization Name	Address	City	State	Zip	Phone	Member Number
3.	Organization Name	Address	City	State	Zip	Phone	Member Number

I would prefer to be buried at:

_____ City

Religious Affiliation:

Church or Temple Address City State Zip Phone Pastor, Reverend, or Rabbi

7. Persons Familiar With My Affairs

Please print name, address and phone number.

Attorney: _____

Accountant – Tax Counselors: _____

Banker: _____

Doctor: _____

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Employer: _____

Funeral Director: _____

Insurance Agent: _____

Executor of Estate: _____

Fraternal or Professional Groups: (Please notify) _____

Relatives and Personal Friends: (Please notify) _____

8. Disposition of Estate

The following paragraphs are included to assist you in making primary and contingent dispositions of your personal property, real property, and any residuary property. They are a sample of language that could be used in a Will. Each sample may or may not be applicable to your situation, please do not copy these samples in an attempt to create your own Will. The results of doing so could be devastating.

This is not the final disposition of your property nor is it your Will. It is not intended to be used to interpret or construct or find any meaning in your Will. It is used merely as a guide by us in estimating and making a draft plan for you and evaluating alternatives for you.

Please note that a variety of possibilities exist with regard to the allocation of expenses and the payment of debts and taxes. The examples below specify only that real property shall

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pass free of any mortgage or encumbrance. We will discuss this topic at your personal interview.

8.1 Tangible Personal Property. Normally this personal property includes clothing, household furniture and furnishings, automobiles, personal effects, works of art, jewelry, and other tangible articles of a personal nature not otherwise specifically disposed of by this Will. Generic samples are included below; however, you may intend to give certain property to a person. If so, please list the persons and the property that you intend them to receive.

A. Disposition if My Wife Survives Me. I give all of my clothing, household furniture and furnishings, automobiles, personal effects, works of art, jewelry, and other tangible articles of a personal nature not otherwise specifically disposed of by this Will, together with any insurance on such personal property (collectively my "Personal Property"), to my wife, if she survives me.

1. _____
2. _____
3. _____
4. _____

B. Disposition if My Wife Does not Survive Me but One or More of My Children Survive Me. If my wife does not survive me, I give my Personal Property to my children who survive me, to be divided among them in equal shares that they agree upon or, if they fail to agree, as my Executor shall determine.

1. _____
2. _____
3. _____
4. _____

8.2. Real Property. If the property described in this Section is subject to a mortgage or other encumbrance at the time of my death, I direct my Executor to discharge the mortgage or encumbrance; both principal and interest, out of the proceeds of my general estate, and the property shall go to the beneficiary free of any such mortgage or encumbrance.

1. _____
2. _____
3. _____

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4. _____

A. Disposition If My Wife Survives Me. I give in fee simple to my wife, if she survives me, all of my interest in the land, buildings, and improvements that comprise our home at 2000 John Doe Decedent Drive, Alvin, Brazoria County, Texas.

1. _____

2. _____

3. _____

4. _____

B. Disposition If My Wife Does Not Survive Me But One or More of My Children Survive Me. If my wife does not survive me, I give the real property described in Section 3.2.A. to my children who survive me as tenants in common.

1. _____

2. _____

3. _____

4. _____

8.3 DISPOSITION OF RESIDUARY ESTATE

A. Disposition If My Wife Survives Me. I give the residue of my estate to my wife, if she survives me.

1. _____

2. _____

3. _____

4. _____

B. Disposition If My Does Not Survive Me But One or More of My Children Survive Me. If my wife does not survive me, I give the residue of my estate to my children who survive me, to be divided among them in equal shares, as they shall agree or, if they fail to agree, as my

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Executor shall determine.

1. _____
2. _____
3. _____
4. _____

C. Contingent Disposition. Any residue of my estate not disposed of by the above provisions shall be distributed to my then living Heirs.

1. _____
2. _____
3. _____
4. _____

[The remainder of this page intentionally left blank]