

**ARIC J. GARZA LAW PLLC**  
www.sabusinessattorney.com

Northwest San Antonio Office  
17806 IH 10 West, Suite 300  
San Antonio, Texas 78257  
Tel. (210) 225-2961

North Central San Antonio Office  
18756 Stone Oak Pkwy, Ste 200  
San Antonio, Texas 78258  
Tel. (210) 225-2961

**ESTATE PLANNING QUESTIONNAIRE**

This estate planning questionnaire helps us get a general understanding of your family and financial picture and your estate planning goals. Your answers help guide our relationship and help us better understand and advise you on your estate planning needs. Please answer all questions as completely as possible. If there are any questions or sections that do not apply to you, please indicate that in the answer section or mark it as "N/A." If any information is not readily available, please note that in the answer and you can provide that information at a later date.

Please feel free to attach any documents or additional information that you think would be helpful to your estate planning.

If you have any questions as you work on the questionnaire, please contact us.

When you finish the questionnaire, please email it back to me along with any supporting documents.

Date Completed \_\_\_\_\_

**General Information:**

	<b>Spouse 1</b>	<b>Spouse 2</b>
<b>Full Legal Name</b>		
<b>Preferred Name</b>		
<b>Date of Birth</b>		
<b>Social Security Number</b>		
<b>Home Address</b>		
<b>Preferred Phone Number</b>		
<b>Alternate Phone Number</b>		
<b>Preferred Email</b>		
<b>Alternate Email</b>		

**Citizenship Information:**

	Spouse 1	Spouse 2
<b>US Citizen (Yes/No)</b>		
<b>If No, Country of Citizenship</b>		

**Employment Information:**

	Spouse 1	Spouse 2
<b>Occupation</b>		
<b>Employer</b>		
<b>Business Address</b>		
<b>Business Phone Number</b>		
<b>Business Email</b>		

**Prior Marriages and Domestic Partnerships (if any):**

Any prior marriages or domestic partnerships for either spouse: \_\_\_\_\_

If so, please complete the following for each prior marriage or domestic partnership:

Former Spouse's or Partner's Name: \_\_\_\_\_

Marriage or Partnership Date: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Any Financial Responsibilities: \_\_\_\_\_

Any Life Insurance Requirements: \_\_\_\_\_

**Please provide copies of any divorce decrees or settlement agreements, and any federal estate tax returns filed for each deceased spouse's estate (if any).**

**Children (if any):**

Please provide information for your mutual children:

Full Name	Gender	Birth Date	Social Security Number	Address (if different from clients)	Email Address

If either of you have children from a previous relationship, please provide information for those children:

Full Name	Second Parent Name	Gender	Birth Date	Social Security Number	Address (if different from clients)	Email Address

Do any of your children have any special needs or other issues such as substance abuse, creditor, or divorce concerns:

If yes, please explain:

**Grandchildren (if any):**

Please provide information for all of your mutual grandchildren and grandchildren resulting from any previous relationship:

Full Name	Parents' Names	Gender	Birth Date	Social Security Number	Address	Email Address

Do any of your grandchildren have any special needs or other issues such as substance abuse, creditor, or divorce concerns: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Other Dependents:**

Are there any individuals who depend on you for support (yes or no): \_\_\_\_\_

If yes, please list names and relationships:

Full Name	Relationship	Age

**Parents:**

	Spouse 1	Spouse 2
Father's Name		
Father's Date of Birth		
Father's Date of Death (if applicable)		
Father's Address		
Mother's Name		
Mother's Date of Birth		
Mother's Date of Death (if applicable)		
Mother's Address		

**Existing Estate Planning Documents:**

Please provide details for your currently effective estate planning documents (including wills, trusts, powers of attorney, and health care directives), if any:

**Spouse 1:**

Type of Document	Execution Date	Document Location

**Spouse 2:**

Type of Document	Execution Date	Document Location

Please provide copies of all existing estate planning documents

**Asset and Liability Information:**

**Annual Income:**

Type of Income (salary, bonuses, stock options/incentives, pension payments, annuities, social security)	Owner	Amount	Frequency of Payment

**Bank Accounts:**

Bank Name and Account Nos.	Type of Account	Account Title and Type of Ownership	Approximate Balance

**TOTAL:**

**Safe Deposit Boxes:**

<b>Institution Name</b>	<b>Location</b>	<b>Title on Box</b>

**Real Estate:**

<b>Type of Real Estate</b>	<b>Location</b>	<b>Title and Type of Ownership</b>	<b>Approximate Fair Market Value</b>	<b>Mortgage Balance</b>

**Brokerage Accounts:**

<b>Company/Firm and Account Number</b>	<b>Type of Account</b>	<b>Account Title and Type of Ownership</b>	<b>Approximate Value</b>

**TOTAL:**

**Individually Held Stocks and Bonds:**

Company	Owner	Number of Shares	Purchase Price	Current Value

**TOTAL:**

**Business and Professional Interests:**

Please provide details for ownership interests either of you have in any partnership, joint venture, sole proprietorship, LLC, or other closely held corporation.

Company or Entity Name	Type of Entity	Owner(s) and % of ownership	Company Value

**Retirement Plans:**

Please provide details for any IRAs, 401k plans, profit-sharing plans, pension plans, or any other retirement vehicle.

Plan/Administrator/ Custodian	Owner	Type of Plan	Registration	Value	Primary and Contingent Beneficiaries

**Life Insurance:**

<b>Insurance Company</b>	<b>Type of Policy and Cash Value (if whole life)</b>	<b>Insured</b>	<b>Owner</b>	<b>Face Amount</b>	<b>Primary and Contingent Beneficiaries</b>

**Automobiles:**

Please provide information for any automobiles either of you own or lease.

<b>Car Make and Model</b>	<b>Title</b>	<b>Own/Lease</b>	<b>Monthly Payment (if any)</b>	<b>Number of Payments Remaining/Lease Maturity Date</b>

**Tangible Personal Property of Value:**

Please provide information for other assets you own, either jointly or separately, including items such as boats, savings bonds, jewelry, art collections, home furnishings, or any other personal property valued at \$3,000 or more or a collection valued at \$10,000 or more.

<b>Type of Property</b>	<b>Owner</b>	<b>Approximate Value</b>



**Digital Assets:**

Please list any digital assets that either of you own and their usernames and passwords, including email accounts, social media accounts, internet-based businesses, online photos, any other online assets that require a username and password to access and manage, and, in the case of crypto-currency, please list the recovery key or the location of any private key, the location of any wallet, and the username and password for any crypto-currency exchange.

Type of Account	Owner	Website	Username	Password

**Anticipated Inheritance:**

Please list here any inheritance or gift you or your children, if any, anticipate receiving in the future. Include the source of the inheritance and the approximate anticipated amount of the inheritance.

Recipient	Source of Anticipated Inheritance	Approximate Amount

**Other Assets:**

If either of you have any additional assets that are not included in any other part of this questionnaire, please list them here, including the type of asset, the owner, and the approximate value.

Type of Asset	Owner	Approximate Value

**Liabilities:**

Please list any major outstanding liabilities (over \$2,000) that either of you have, including any additional mortgages not listed above, home equity loans or lines of credit, other loans, promissory notes, unpaid taxes, or any other applicable liabilities.

Financial Institution (if applicable)	Creditor	Debtor	Due Date	Balance

**Estate Planning Goals:**

Please provide in general terms what you hope to accomplish in the estate planning process. In your own words, how do you want your estates to pass and what are your concerns?

**Bequests:**

Please provide information in this section for any cash or personal property bequests to either charitable organizations or individuals that you anticipate making in your estate planning documents. Include the name of the organization or the individual, and the type of property or amount of cash that you anticipate gifting.

**Charitable Bequests:**

Organization	Gift Type or Amount

**Specific Bequests:**

<b>Recipient</b>	<b>Gift Type or Amount</b>

**Fiduciary Information:**

Please complete this section with the requested information for the various fiduciaries who may play a role in your estate plans. If you are not certain who you want to name in these roles, we can discuss this at our meeting and complete this section together. Please provide the name and contact information of the person you each want to oversee your estates after your respective deaths (this person is referred to as the executor of your estate):

	<b>Spouse 1</b>	<b>Spouse 2</b>
<b>Executor Name</b>		
<b>Executor Address</b>		
<b>Executor Phone Number</b>		
<b>Successor Executor Name</b>		
<b>Successor Executor Address</b>		
<b>Successor Executor Phone Number</b>		

Please provide the name and contact information of the person you each want to act as trustee and successor trustee of any trusts created in your estate planning documents (if applicable):

	<b>Spouse 1</b>	<b>Spouse 2</b>
<b>Trustee Name</b>		
<b>Trustee Address</b>		
<b>Trustee Phone Number</b>		
<b>Successor Trustee Name</b>		
<b>Successor Trustee Address</b>		
<b>Successor Trustee Phone Number</b>		

Please provide the name and contact information of the person you want to name as guardian and successor guardian of any minor children if your spouse is not living at your death (if applicable):

Guardian Name: \_\_\_\_\_  
 Guardian Address: \_\_\_\_\_  
 Guardian Phone Number: \_\_\_\_\_  
 Successor Guardian Name: \_\_\_\_\_  
 Successor Guardian Address: \_\_\_\_\_  
 Successor Guardian Phone Number: \_\_\_\_\_

Please provide the name and contact information of the person you want to name as agent and successor agent of a power of attorney:

	Spouse 1	Spouse 2
<b>Agent Name</b>		
<b>Agent Address</b>		
<b>Agent Phone Number</b>		
<b>Successor Agent Name</b>		
<b>Successor Agent Address</b>		
<b>Successor Agent Phone Number</b>		

Please provide the name and contact information of the person you want to name as agent and successor agent of an advance health care directive:

	Spouse 1	Spouse 2
<b>Agent Name</b>		
<b>Agent Address</b>		
<b>Agent Phone Number</b>		
<b>Successor Agent Name</b>		
<b>Successor Agent Address</b>		
<b>Successor Agent Phone Number</b>		

**Issues for Non-US Citizens and Foreign Assets:**

Please provide the name and citizenship for any proposed executor, trustee, guardian, or agent under a power of attorney or advance health care directive who is a non-US citizen.

Name	Citizenship

Please list the type of asset and the location of any foreign assets, including property, bank accounts, or trusts that are classified as foreign trusts that either of you currently own or expect to own, inherit, or be given management over in the future, if any:

Type of Asset	Owner	Location

**Gift Tax Information:**

Have either of you made gifts over \$10,000 individually or \$20,000 jointly to any one person (other than each other or a prior spouse during marriage)?

Have you ever filed a gift tax return?

*If yes, please provide a copy of each gift tax return you have filed.*

**Information Regarding Other Professionals:**

**Accountant**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**Other Attorneys (divorce, real estate, corporate)**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**Financial Planner/Broker**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**Life Insurance Agent**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone: \_\_\_\_\_