

Patel & Associates, PLLC  
ATTORNEYS AT LAW  
2929 N. Central Expressway, #240  
Richardson, Texas 75080  
Tel. (972)-643-1813  
Fax (972)-231-0104  
[Patellaw.net](http://Patellaw.net)

Will and Estate Planning Questionnaire  
for Husband and Wife

Name of Husband : \_\_\_\_\_

Name of Wife : \_\_\_\_\_

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

\_\_\_\_\_

County : \_\_\_\_\_

Residence Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Email: \_\_\_\_\_

Please mark one:

Husband: \_\_\_\_\_ U.S. Citizen / \_\_\_\_\_ Permanent Resident / \_\_\_\_\_ Non-Citizen

Wife: \_\_\_\_\_ U.S. Citizen / \_\_\_\_\_ Permanent Resident / \_\_\_\_\_ Non-Citizen

Prior Marital History / Children : \_\_\_\_\_

\_\_\_\_\_

FAMILY: Number of Children : \_\_\_\_\_

Name	Date of Birth	M/F?
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF HUSBAND SURVIVES :

1) Specific Bequests (to someone **other than** your Huband): \_\_\_\_\_

2) Outright to Husband : \_\_\_\_\_

3) Family Trust (Husband Primary Benf/ Children secondary benf. and receive Principal upon husband's death – this is sometimes referred to as the Bypass Trust to utilize the Estate Tax Exemption Amount – Husband would be the benf and trustee of the Trust): \_\_\_\_\_

IF WIFE SURVIVES :

1) Specific Bequests (to someone **other than** your Wife): \_\_\_\_\_

2) Outright to Wife : \_\_\_\_\_

3) Family Trust (Wife Primary Benf/ Children secondary benf. and receive Principal upon wife's death - this is sometimes referred to as the Bypass Trust to utilize the Estate Tax Exemption Amount - Wife would be the benf and trustee of the Trust):

GUARDIAN OF MINOR CHILDREN(in the event both parents are deceased and children under 18 years of age):

1<sup>s</sup> Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ (county/state of residence)

2<sup>n</sup> Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ (county/state of residence)

3<sup>r</sup> Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ (county/state of residence)

EXECUTORS ( Responsible for probating Will and distributing your assets )

**Husband's Executor :** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**2nd Executor :** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**Wife's Executor :** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**2nd Executor :** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**If Joint Revocable Trust ( JRT) based Estate Plan (Successor trustee(s) of your Joint Revocable Trust in the event, one or both of you are disabled and unable to serve):**

1<sup>st</sup> Successor Trustee: \_\_\_\_\_ Relationship: \_\_\_\_\_

2<sup>nd</sup> Successor Trustee: \_\_\_\_\_ Relationship: \_\_\_\_\_

**TRUST(S) for Children (Allows for assets to be managed by Trustee until child / children reach a certain age(s) in the event both parents are deceased )**

Distribution Age(s) (if any) such as 1/3 at ages 25,30, 35 or continue as lifetime trusts.  
If you want to leave the assets in Trust for children for their lifetime and allowing them to elect to be Trustees of their own Trusts at certain ages, what age(s) can they elect to be Trustees of their own Trusts? \_\_\_\_\_

**TRUSTEES OF CHILDREN'S TRUST (Manage the assets of the Trust for your children after your death)**

Trustee : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

2<sup>n</sup> Trustee: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**DURABLE POWER OF ATTORNEY - Husband ( Power of property / assets ) :**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

**DURABLE POWER OF ATTORNEY – Wife ( Power of property / assets ) :**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone : \_\_\_\_\_

**MEDICAL POWER OF ATTORNEY ( Health care decisions ) & HIPAA RELEASE**

**Husband:**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone : \_\_\_\_\_

**Wife:**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Phone : \_\_\_\_\_

**DECLARATION OF GUARDIAN (Caregiver for disability)**

**Husband:**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
County : \_\_\_\_\_

Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Phone : \_\_\_\_\_

**Wife:**

First Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
County : \_\_\_\_\_

Phone : \_\_\_\_\_

2nd Agent's Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone : \_\_\_\_\_

Directive to Physicians & Family Surrogates (“Living Will”) : Husband : \_\_\_\_ Yes / \_\_\_\_ No

Directive to Physicians & Family Surrogates (“Living Will”) : Wife : \_\_\_\_ Yes / \_\_\_\_ No

( In the absence of this directive, the Medical Power of Attorney may decide whether or not to continue with life support methods or not. )

Gift by a Living Donor: Husband : \_\_\_\_ Yes / \_\_\_\_ No

If yes – please provide date of birth: \_\_\_\_\_

Gift by a Living Donor: Wife : \_\_\_\_ Yes / \_\_\_\_ No

If yes – please provide date of birth: \_\_\_\_\_

Contingent Beneficiaries ( in the event that all members of the family, i.e.

Husband, Wife, Children, Grandchildren, do not survive each other ) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list approximate net value of combined estate and types of assets ( i.e. business, life insurance, retirement plans, etc. ) as this will help us in any other planning requirements :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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