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## ESTATE PLANNING QUESTIONNAIRE

To assist in the preparation of your will and other important legal documents, please fill out the following questionnaire. **All Spaces Must Be Filled In. Please Print Neatly.** Mark things that are unnecessary with "N/A". (If you need more space, please attach another sheet.)

This questionnaire asks for the names of everyone mentioned in estate planning documents. If known please provide addresses for all of them, please fill out the last page with the relationship, address, and phone number for each person.

Please state your full name:		
Other names you go by or have used in the past:		
Current Address: _____		
City: _____ State: _____ Zip: _____		
Cell Phone: (____) ____-_____	Home Phone: (____) ____-_____	Email:
Date of Birth:	Gender:	Preferred Language:

Spouse's Name:	
Spouse's Current Address: _____	
City: _____ State: _____ Zip: _____	
Date of Separation:	Date of Death:
Divorce Date:	Divorce County/State:

### 1. List the name(s) of ALL your natural born and adopted children: Indicate Son or Daughter

Child 1: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 2: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 3: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 4: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 5: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child 6: _____	DOB: _____	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No

**2. Do you have any Step Children: Y / N If yes please list them, Indicate Male or Female**

☐ **YES**

☐ **NO**

Child 1: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Child 2: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Child 3: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Child 4: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Child 5: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

Child 6: \_\_\_\_\_ DOB: \_\_\_\_\_ Deceased: ☐ Yes ☐ No

**3. Do you want the named step children to be treated the same as your biological or adopted children? Y/N**

☐ **YES**

☐ **NO**

**A. Will**

**4. Have you ever executed a will before?** ☐ Yes ☐ No

**Property:**

**5. Who do you want to get your property?** Use the space below to describe how you want your property to pass and who should be the alternative(s)? Include real estate even if you are interested in the Transfer on Death Deed Option (TODD).

Name: \_\_\_\_\_ Property (specific item/percentage of estate): \_\_\_\_\_ Alternate beneficiary(ies): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Do you want a no contest clause in your will?** ☐ Yes ☐ No

With a no contest clause, if someone challenges the will and loses, they are excluded from receiving any benefit they might have received under the will. This does not have any effect on people excluded from the will.

**7. Who will be in charge of distributing your property after your death (Executor/Executrix)?**

Please note that anyone with a felony record will not be able to serve as an executor. Also, persons with misdemeanor financial crimes (theft, forgery, fraud) may not be suitable.

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

Optional: Do you want an alternate person to distribute your property?

1<sup>st</sup> Alternate Name: \_\_\_\_\_

2<sup>nd</sup> Alternate Name: \_\_\_\_\_

3<sup>rd</sup> Alternate Name: \_\_\_\_\_

**8. Do you want the executor/executrix to be compensated** (out of your estate)? ☐ Yes

☐ No

**Minor and Disabled Children:**

**9. Are any of your children under the age of 18 years or disabled?** ☐ Yes ☐ No

If yes, who should be the trustee for them and handle their finances and inheritance until they are adults? **Name:** \_\_\_\_\_

Who should be the guardian for them to care of them until they are adults?

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

Who is an alternate guardian? Name: \_\_\_\_\_

**10. Do you want to include children born or adopted after the execution of your will?** ☐ Yes ☐ No

**11. Do you need contingent trust provisions?** ☐ Yes ☐ No

Contingent trusts are typically designed to hold property and assets for a minor or incapacitated heir. This requires a trusted individual – the trustee – to hold and maintain the property until the heir is of age or the incapacity is removed. For example, parents may direct that a trust should be created for their children if they both die before their children are 21 years old. Or suppose you and your adult child are involved in a car accident. If you die in the accident, and your child is incapacitated, assets you may leave to that child can be held in trust until the incapacity is removed. There can be various provisions about what the assets in trust can be used for by the trustee (typically health, education, maintenance, and support of the heir), and different decisions about when the assets of the trust are distributed.

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Medical Power of Attorney**

- 12. Who will make your HealthCare decisions in the event you become incapacitated?**

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

Optional: Who is an alternate to make Health Care Decisions if you become incapacitated?

1<sup>st</sup> Alternate Name: \_\_\_\_\_

2<sup>nd</sup> Alternate Name: \_\_\_\_\_

3<sup>rd</sup> Alternate Name: \_\_\_\_\_

**C. HIPAA Release**

- 13. Who can speak to your doctors and other health care providers regarding your care, to request medical records, and to accompany you, if necessary, to communicate?** We usually recommend naming the persons named in your medical power of attorney

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

Additional Person Name: \_\_\_\_\_

Additional Person Name: \_\_\_\_\_

Additional Person Name: \_\_\_\_\_

**D. Durable Power of Attorney**

- 14. Who will make financial, banking, bill paying, contract, etc. decisions in the event you become incapacitated?**

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

Additional Person Name: \_\_\_\_\_

Additional Person Name: \_\_\_\_\_

Additional Person Name: \_\_\_\_\_

## **E. Declaration of Guardian in the Event of Later Incapacity or Need of Guardian**

A person must be appointed by a judge in a court proceeding to become your guardian. This document lets the court/judge know who you want or don't want. The court is not required to appoint the person you choose, but they cannot appoint the person you do not want.

### **Guardian of the Person:**

- 15. Who do you want to be the Guardian of your person, to take care of your needs, feeding/clothing/housing etc., should you become incapacitated?**

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

Optional: Who do you want to be an alternate guardian of the person?

1<sup>st</sup> Alternate Name: \_\_\_\_\_

2<sup>nd</sup> Alternate Name: \_\_\_\_\_

3<sup>rd</sup> Alternate Name: \_\_\_\_\_

Is there anyone you do **NOT** want to be the Guardian of your Person? (A Court will not appoint a person you exclude to be the guardian of your person.) (You may exclude multiple people.)

Name(s): \_\_\_\_\_

### **Guardian of the Estate:**

- 16. Who do you want to be the Guardian of your Estate, to take care of your money, property and business affairs should you become incapacitated?**

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

Optional: Who do you want to be an alternate guardian of the estate?

1<sup>st</sup> Alternate Name: \_\_\_\_\_

2<sup>nd</sup> Alternate Name: \_\_\_\_\_

3<sup>rd</sup> Alternate Name: \_\_\_\_\_

- 17. Is there anyone you do NOT want to be the Guardian of your Estate?** (A Court will not appoint a person you exclude to be the guardian of your estate.) (You may exclude multiple people.)

Name(s): \_\_\_\_\_

## **F. Directive to Physician AKA Living Will**

**(This is example of the form for you to decide what you would like so you know your choice at the time you execute the document)**

THE DIRECTIVE TO PHYSICIANS, ALSO KNOWN AS A LIVING WILL DICTATES TO PHYSICIANS WHAT YOUR WISHES ARE REGARDING LIFE SUPPORT. The document presents two scenarios. If you are not sure of your answers when you fill out this questionnaire, the document can be prepared so that you make your choices on the day you sign all the documents. PLEASE CONSULT YOUR DOCTOR IF YOU HAVE ADDITIONAL QUESTIONS ABOUT THE EFFECT OF THESE CHOICES.

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

\_\_\_\_I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_I request that I be kept alive in this terminal condition using available life-sustaining treatment.  
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

\_\_\_\_I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

\_\_\_\_I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Other requests: \_\_\_\_\_  
\_\_\_\_\_

## **G. Appointment of Agent to Control Disposition of Remains**

**(This is an optional document)**

**18. Who will handle your funeral arrangements? Name:** \_\_\_\_\_

Is there an alternate person? Name: \_\_\_\_\_

This form will need to be signed by the agent before it can be effective. The agent does not need to sign at the execution of the documents. Once signed by the agent, the agent becomes financially liable for the cost of the funeral.

Do you want to be cremated? ☐ Yes ☐ No

Are there other requests about the funeral: \_\_\_\_\_

Have you made arrangements with a Funeral Home? ☐ Yes ☐ No

If yes, which one: **Name:** \_\_\_\_\_

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

City/State/County/Zip: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## **H. ESTATE PLANNING QUESTIONNAIRE DETAILS**

(PLEASE INCLUDE NAMES OF ALL PERSONS NAMED IN ANY CAPACITY IN THE PRECEDING PAGES)

**Applicant's Name:** \_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

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

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

City/State/County/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

**I. TRANSFER ON DEATH DEED—OPTIONAL DOCUMENT TO BE USED TO ATTEMPT TO PREVENT MEDICAIDE RECOVERY SHOULD IT BE NECESSARY FOR YOU TO GO ON MEDICAIDE**

**Name of Property Owners and their addresses:** (Note: If Married and property was acquired during marriage the property is community property regardless of whose name appears on the Deed)

Name and Address of Property Owner	Name and Address of Property Owner
Name:	Name:
Address:	Address:

**Address of Property:**

\_\_\_\_\_  
\_\_\_\_\_

**Legal Description of Property:** (If you do not know we can advise how to acquire this. The information will be on the property Deed in the records of the County where the property is located.) ]It may be easier to get the information by providing a copy of the actual property Deed.]



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**Primary and alternate beneficiaries: Choose an option Below.**

☐ **A. Both Spouses own property and want to leave to surviving spouse**

1. Alternate beneficiaries:

<b>Name:</b> <b>Address</b>
<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>

☐ **B. Only one spouse owns property and you want surviving spouse to get the property.**

1. Alternative beneficiaries:

<b>Name:</b> <b>Address</b>
<b>Name:</b>

<b>Address:</b>
<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>

☐ **C. Other:** Fill out this section if neither A or B apply. Note if you are married and you do not want your spouse to get your share of the property.

1. Primary beneficiary/beneficiaries

<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>

2. Alternative beneficiaries

<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>

<b>Name:</b> <b>Address:</b>
<b>Name:</b> <b>Address:</b>

PLEASE USE ADDITIONAL PAPER AS NEEDED TO PROVIDE INFORMATION REQUESTED ABOVE.

IF YOU HAVE ANY QUESTIONS ON THE FORM PLEASE FEEL FREE TO CONTACT US.

PLEASE RETURN COMPLETED FORM TO:

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Santa Fe, TX 77510

OR TO  
TClark@getyourwillon.com