

**FRIESLAND LAW FIRM, PLLC**  
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Allen, Texas 75013  
Phone: (214) 644-1970  
Fax: (214) 644-1975

**ESTATE PLANNING QUESTIONNAIRE**  
**MARRIED INDIVIDUALS**

**HUSBAND:**

FULL NAME: \_\_\_\_\_  
U.S. CITIZEN:  Yes  No

**WIFE:**

FULL NAME: \_\_\_\_\_  
U.S. CITIZEN:  Yes  No

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**COUNTY OF RESIDENCE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**HUSBAND'S OFFICE PHONE:** \_\_\_\_\_ **WIFE'S OFFICE PHONE:** \_\_\_\_\_

**HUSBAND'S CELL PHONE:** \_\_\_\_\_ **WIFE'S CELL PHONE:** \_\_\_\_\_

**HUSBAND'S EMAIL:** \_\_\_\_\_ **WIFE'S EMAIL:** \_\_\_\_\_

**ESTATE:**

Does your combined net worth exceed \$5,000,000?  Yes  No

Estimated combined net worth \$ \_\_\_\_\_

For purposes of this worksheet, your combined net worth includes any and all types of property you own, both real and personal, tangible and intangible, including, but not limited to, savings, investments, automobiles, artwork, jewelry, retirement benefits, loans to family members, homes, second homes, business interests, and proceeds of any life insurance on your life less all of your liabilities.

**CHILDREN (PLEASE INDICATE IF ANY OF THE CHILDREN ARE NOT CHILDREN OF THE CURRENT MARRIAGE)**

1<sup>st</sup> CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

2<sup>nd</sup> CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

3<sup>rd</sup> CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

4<sup>th</sup> CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**When selecting individuals or financial institutions to serve as your Executor, Trustee, Guardian, or Agent, you may name the same individual or financial institution to serve in multiple capacities. For example, your brother can serve as your Executor, Trustee, Guardian for your minor child, Agent for Financial Purposes, and/or Agent for Healthcare Purposes.**

**EXECUTORS (ALTERNATES AFTER SPOUSE):**

***Executor:*** an adult individual or financial institution that is appointed to administer your estate upon your death. The Executor will file the application for probate with the Court, prepare an inventory of the estate assets, pay all liabilities and taxes, and distribute the property to the beneficiaries of your estate.

1. SPOUSE
  
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
  
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**TRUSTEES (ALTERNATES AFTER SPOUSE):**

***Trustee:*** an adult individual or financial institution that is designated to be responsible for the administration of a trust established under your Will. There may be more than one trustee (co-trustees), and an individual and a financial institution may serve as co-trustees. A Trustee is the individual or financial institution that will manage the assets for your beneficiaries.

1. SPOUSE
  
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
  
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**GUARDIANS FOR MINOR CHILDREN (ALTERNATES AFTER SPOUSE):**

**Guardian:** an adult individual appointed by a court, who is responsible for a minor child or legally incapacitated person’s personal care and nurturing. The designation is not mandatory on the Court, but the Court will give the person(s) designated top priority in determining the best interest of the child. The designation by one parent does not nullify the rights of another surviving parent.

- 1. SPOUSE
  
- 2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
  
- 3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**AGES FOR PRINCIPAL DISTRIBUTION FROM A CHILD’S TRUST:**

- Alternative No. 1: **(Default)** 33% at age 25; 33% at age 30; and 34% at age 35.
- Alternative No. 2: \_\_\_\_\_% at age \_\_\_\_\_; \_\_\_\_\_% at age \_\_\_\_\_; and \_\_\_\_\_% at age \_\_\_\_\_.
- Alternative No. 3: all at age \_\_\_\_\_.

**CONTINGENT DISTRIBUTION:**

In the event that your spouse has predeceased you and all named beneficiaries of your Will (typically children and grandchildren) have also predeceased you, you will need to distribute the rest, residue, and remainder of your estate to alternate beneficiaries or charities, or your estate will be divided in accordance with the intestate succession laws.

- Alternative No. 1: **(Default)** one-half to husband’s heirs (closest living family members) and one-half to wife’s heirs (closest living family members).
- Alternative No. 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS OR SPECIAL INSTRUCTIONS:**

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

**FINANCIAL AGENTS FOR HUSBAND (ALTERNATES AFTER SPOUSE):**

***Agent for Financial Purposes:*** the individual you have named to make financial decisions for you should you be living, but suffering from a mental incapacity whereby you are unable to make such financial decisions for yourself. Two doctors will be required to declare you unable to make such decisions. Typically, you will want to name a spouse, close family member or friend as your financial agent.

1. SPOUSE
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**FINANCIAL AGENTS FOR WIFE (ALTERNATES AFTER SPOUSE):**

***Agent for Healthcare Purposes:*** the individual you have named to make financial decisions for you should you be living, but suffering from a mental incapacity whereby you are unable to make such financial decisions for yourself. Two doctors will be required to declare you unable to make such decisions. Typically, you will want to name a spouse, close family member or friend as your financial agent.

1. SPOUSE
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**HEALTHCARE AGENTS FOR HUSBAND (ALTERNATES AFTER SPOUSE):**

*Agent for Healthcare Purposes:* the individual you have named to make medical decisions for you should you be living, but suffering from a mental incapacity whereby you are unable to make such medical decisions for yourself. Two doctors will be required to declare you unable to make such decisions. Typically, you will want to name a spouse, close family member or friend as your medical agent.

1. SPOUSE
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**HEALTHCARE AGENTS FOR WIFE (ALTERNATES AFTER SPOUSE):**

*Agent for Healthcare Purposes:* the individual you have named to make medical decisions for you should you be living, but suffering from a mental incapacity whereby you are unable to make such medical decisions for yourself. Two doctors will be required to declare you unable to make such decisions. Typically, you will want to name a spouse, close family member or friend as your medical agent.

1. SPOUSE
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_

**DIRECTIVE TO PHYSICIANS OR "LIVING WILL":**

This is the document that instructs physicians and hospitals to remove life support devices if you are suffering from a terminal or irreversible condition. Would you like to terminate life sustaining treatment if you are suffering from a terminal and irreversible condition?

1. HUSBAND:             Yes  No

2. WIFE:                 Yes  No

**MISCELLANEOUS INFORMATION:**

Do you have a financial advisor?                     Yes  No

If yes, please provide their name and telephone number. \_\_\_\_\_

If no, would you like a recommendation for a financial advisor?  Yes  No

Do you have a CPA?     Yes  No

If yes, please provide their name and telephone number. \_\_\_\_\_

If no, would you like a recommendation for a CPA?     Yes  No

Please send this completed form to:

Friesland Law Firm, PLLC  
Attn: T. Craig Friesland  
700 Central Expressway South  
Suite 100  
Allen, Texas 75013  
Phone: (214) 644-1970  
Fax: (214) 644-1975  
Email: [craig@frieslandlaw.com](mailto:craig@frieslandlaw.com)