



2222 W. North Loop Blvd.
 Austin, TX 78756
 T 512.459.6010
 www.hmbtx.com

DATE: _____

INITIAL ESTATE PLANNING QUESTIONNAIRE

Family Information			
1 st Client Full Name:		Age:	Birthdate:
If married, complete information for 2 nd Client (spouse) below. Date of Marriage:			
2 nd Client Full Name:		Age:	Birthdate:
Mailing Address:			
1 st Client Contact Info:	Email:		
	Home Phone:	Cell Phone:	
2 nd Client Contact Info:	Email:		
	Home Phone:	Cell Phone:	
Children (born or adopted during your current marriage)			
	Name		Birthdate
1.			
2.			
3.			
4.			
5.			
Personal Representatives	1st Client		2nd Client
Executor Your executor is the person responsible for making sure your wishes, as expressed in your will, are carried out.	Primary:		Primary:
	Alternate 1:		Alternate 1:
	Alternate 2:		Alternate 2:
Trustee (if applicable) If you want to create a trust, choose a responsible person to serve as trustee.	Primary:		Primary:
	Alternate 1:		Alternate 1:
	Alternate 2:		Alternate 2:
Power of Attorney (Financial) An agent under a financial POA can make financial decisions for you if you are incapacitated or unavailable.	Primary:		Primary:
	Alternate 1:		Alternate 1:
	Alternate 2:		Alternate 2:
Medical Power of Attorney If you are in a coma or otherwise incapacitated, you can name an agent to make medical decisions for you.	Primary:		Primary:
	Alternate 1:		Alternate 1:
	Alternate 2:		Alternate 2:
Advance Directive Agent This is the person responsible for expressing your wishes for end-of-life care.	Primary:		Primary:
	Alternate 1:		Alternate 1:
	Alternate 2:		Alternate 2:
* Note: If they are not your spouse or one of your children, please include your relationship with each of the above representatives (e.g., brother, cousin, friend, business partner, etc.)			

1 st Client Additional Information		
Any prior marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information.		
Name of Prior Spouse (if any)	Marriage terminated by	Year marriage ended
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
Do you have children born or adopted during a prior marriage or relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information for each child:		
Name	Birthdate	Name of Other Parent
1.		
2.		
3.		
4.		
5.		
2 nd Client Additional Information		
Any prior marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information.		
Name of Prior Spouse (if any)	Marriage terminated by	Year marriage ended
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
	<input type="checkbox"/> Death <input type="checkbox"/> Divorce	
Do you have children born or adopted during a prior marriage or relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information for each child:		
Name	Birthdate	Name of Other Parent
1.		
2.		
3.		
4.		
5.		
Additional Information		
Please indicate all of these which apply to you or your spouse or life partner:		
<input type="checkbox"/> I/We own real estate outside Texas	<input type="checkbox"/> I/We have a child with special needs	
<input type="checkbox"/> I/We need to provide for the care of a parent	<input type="checkbox"/> I/We anticipate moving out of Texas soon	
<input type="checkbox"/> I/We anticipate a challenge to my (our will)	<input type="checkbox"/> I/We are retired or nearing retirement	
<input type="checkbox"/> I/We want to disinherit the following person(s):	<input type="checkbox"/> I/My spouse have/has a terminal illness or illness which will cause me/my spouse to become incapacitated	
<input type="checkbox"/> The total value of my (our) estate, including life insurance, is more than \$10,000,000		
If you checked any of these boxes, please provide more information below:		