

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

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INITIAL ESTATE PLANNING QUESTIONNAIRE

		ramily informa	Family Information			
1 st Client Full Name:			Age:	Birthdate:		
If married, complete i	nformation	n for 2 nd Client (spouse)	below. Do	ate of Marriage:		
2 nd Client Full Name:			Age:	Birthdate:		
Mailing Address:			l			
1st Client Email:						
Contact Info:	Home Ph	one:	Cell Phone:			
2 nd Client	Email:		L			
Contact Info:	Home Ph	one:	Cell Phone:			
		Children				
	(borr	or adopted during your				
Name			B	irthdate		
2.						
3.						
4.						
5.						
5.						
Personal Represer	ntatives	1st Client		2nd Client		
	ntatives	1st Client Primary:		2nd Client Primary:		
Personal Represer Executor Your executor is the person re	sponsible for					
Personal Represer Executor	sponsible for	Primary:		Primary:		
Personal Represer Executor Your executor is the person re making sure your wishes, as ex	sponsible for xpressed in	Primary: Alternate 1:		Primary: Alternate 1:		
Personal Represer Executor Your executor is the person re making sure your wishes, as ex your will, are carried out. Trustee (if applicable) If you want to create a trust, or	esponsible for expressed in choose a	Primary: Alternate 1: Alternate 2:		Primary: Alternate 1: Alternate 2:		
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	1st Client Additio	nal Informatio	on
Any prior marriages? Yes			following information.
Name of Prior Spouse (if any)	Marriage termina	ated by	Year marriage ended
	☐ Death ☐ Div	orce orce	
	□ Death □ Div	rorce	
	□ Death □ Div	rorce	
Do you have children born or a If Yes, please provide the follow			or relationship? 🗆 Yes 🗆 No
Name	Birthdate		Name of Other Parent
1.			
2			
3.			
4.			
5.			
	2 nd Client Additio	nal Informatio	on
Any prior marriages? Yes	No If Yes, plea	se provide the	following information.
Name of Prior Spouse (if any)	Marriage termina	ated by	Year marriage ended
	□ Death □ Div	rorce	
	□ Death □ Div	orce	
	□ Death □ Div	orce	
Do you have children born or a	dopted during a p	orior marriage c	or relationship? 🗆 Yes 🗆 No
If Yes, please provide the follow	ina information for	reach child:	
·		e a ciri ci ilia.	T
Name	Birthdate		Name of Other Parent
Name		- Cuchi chillar	Name of Other Parent
Name 1. 2.			Name of Other Parent
Name 1. 2. 3.			Name of Other Parent
Name 1. 2. 3. 4.			Name of Other Parent
Name 1. 2. 3.			Name of Other Parent
Name 1. 2. 3. 4.			Name of Other Parent
Name 1. 2. 3. 4.	Birthdate Additional I	nformation	
Name 1. 2. 3. 4. 5.	Additional In the apply to you or	nformation your spouse or	
Name 1. 2. 3. 4. 5. Please indicate all of these which	Additional In the apply to you or Texas	nformation your spouse or □ I/We have o	life partner:
Name 1. 2. 3. 4. 5. Please indicate all of these which is light of the set outside	Additional In the apply to you or Texas care of a parent	nformation your spouse or I/We have or	life partner: a child with special needs
Name 1. 2. 3. 4. 5. Please indicate all of these which is a second of the second of	Additional In the apply to you or Texas care of a parent to my (our will)	nformation your spouse or I/We have or I/We anticip	life partner: a child with special needs bate moving out of Texas soon
Name 1. 2. 3. 4. 5. Please indicate all of these which is lower of the indicate and indicate outside in lower of the indicate indicate and indicate indica	Additional In the apply to you or Texas care of a parent to my (our will)	nformation your spouse or I/We have or I/We anticip	life partner: a child with special needs cate moving out of Texas soon tired or nearing retirement
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