

ABRAHAM KANT – ATTORNEY AT LAW
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Client Name: _____

Date: _____

Estate Planning Single Client Questionnaire

The following information will help me advise you of your estate planning options and prepare your documents quickly and accurately.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

Client Contact Information

Full Name: _____

Street Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Preferred Phone Number: _____

Email: _____

Country of Citizenship: _____

How did you hear about this office?

Website _____

Referred _____ By whom? _____

Other _____

Marital History

Are you currently married? (Y/N) _____ Date of marriage: ____ / ____ / ____

State and country in which you were married: _____

Do you presently have a will? (Y/N) _____

If you are widowed please answer questions below (please include copies of any wills):

Spouse 1

Name of deceased spouse: _____

Date of death: ____ / ____ / ____

State and country where death occurred: _____

Did deceased spouse leave a will? (Y/N) _____ Was it probated? (Y/N) _____

If you are divorced please answer questions below (please include copies of any decrees, custody arrangements, separation agreements, premarital or post-marital agreements, etc.):

Name of ex-spouse: _____

Date of divorce: ____ / ____ / ____

State and country where divorce occurred: _____

What are any existing financial obligations? _____

Are there any premarital or post-marital agreements in effect? (Y/N) _____

Descendent Information

Children

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Grandchildren

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Name: _____ Birth Date: ____ / ____ / ____ State of Res.: _____

Which descendants listed above are deceased? _____

Estate Planning Information

Your attorney will discuss all issues below during your consultation, but if you have answers ready please fill them in below.

General Bequest – In general, to whom do you want your estate to be distributed?

Specific Bequest – Do you plan to give any specific items to specific people? If so, what and to whom?

Contingent Trust

Your wills may set up basic trusts for any minor children, grandchildren or other relative who might inherit under your will, but for whatever reason are unable to receive property upon your death. These trusts can be distributed all at once or in stages (please check one below).

One-time distribution: _____ Age _____

Three-stage distribution: _____

Age _____ Percentage _____

Age _____ Percentage _____

Age _____ Percentage _____

Fiduciaries

Executor

Primary Executor Name: _____

City & State: _____ Relationship: _____

First Alternate Name: _____

City & State: _____ Relationship: _____

Second Alternate Name: _____

City & State: _____ Relationship: _____

Guardian for Minor Children

Primary Guardian Name: _____

City & State: _____ Relationship: _____

First Alternate Name: _____

City & State: _____ Relationship: _____

Second Alternate Name: _____

City & State: _____ Relationship: _____

Trustee for Minor Children

Primary Trustee Name: _____

City & State: _____ Relationship: _____

First Alternate Name: _____

City & State: _____ Relationship: _____

Second Alternate Name: _____

City & State: _____ Relationship: _____

Statutory Durable Power of Attorney

Power of Attorney

Primary Power of Attorney Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

First Alternate Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

Second Alternate Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

Medical Power of Attorney

Medical Power of Attorney

Primary Medical Power of Attorney Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

First Alternate Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

Second Alternate Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Relationship: _____

Living Wills

A “terminal condition” is one from which you are expected to die within six months even with all available life-sustaining treatments. If you are suffering from a terminal condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments? (Please check one below).

Terminal Condition Treatment

- _____ Comfort treatment only.
- _____ All available life sustaining treatments.
- _____ Undecided for now.

An “irreversible condition” is one from which you are expected to die even with all available life-sustaining treatments, but with which you may remain alive for more than six months. If you are

suffering from an irreversible condition, do you request only those treatments needed to keep you comfortable, or do you request all available life-sustaining treatments? (Please check one below).

Irreversible Condition Treatment

- _____ Comfort treatment only.
- _____ All available life sustaining treatments.
- _____ Undecided for now.

Declaration of Guardian for Self if Need Arises

Primary Guardian for Financial Purposes: _____

Alternates Names: _____

Primary Guardian for Health Care Purposes: _____

Alternates Names: _____

Persons you wish to exclude: _____

For any questions, comments or concerns please contact:

Abraham Kant

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