

TODAY'S DATE: \_\_\_\_\_

# GARNER LAW FIRM, P.C.

## NEW CLIENT QUESTIONNAIRE – ESTATE PLANNING

All information disclosed on this Questionnaire will be held in the strictest confidence and will not be disclosed to any third party without your consent. This form is to be completed by **married** persons only. If you are single and have received this form in error, please contact our office at (817) 261-5222 so that we may provide you with the proper form.

### PERSONAL INFORMATION

#### HUSBAND:

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name you prefer on Legal Documents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact: Home Phone / Cell Phone / Email

Date of Birth: \_\_\_\_\_ US Citizen?  Yes  No

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are either of your parents still living?  Yes  No Are either of your grandparents still living?  Yes  No

Are you a Veteran?  Yes  No If yes, please list dates of service: \_\_\_\_\_

#### WIFE:

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name you prefer on Legal Documents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact: Home Phone / Cell Phone / Email

Date of Birth: \_\_\_\_\_ US Citizen?  Yes  No

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are either of your parents still living?  Yes  No Are either of your grandparents still living?  Yes  No

Are you a Veteran?  Yes  No If yes, please list dates of service: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Existing Prenuptial Agreement?  Yes  No

Have either of you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?  Yes  No

**CHILDREN (BY BIRTH OR LEGAL ADOPTION)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Whose child?  Husband  Wife  Joint

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Whose child?  Husband  Wife  Joint

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Whose child?  Husband  Wife  Joint

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Whose child?  Husband  Wife  Joint

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Whose child?  Husband  Wife  Joint

**NOTE:** Does any child have special educational, medical or physical needs, or receive governmental benefits?  
 Yes  No If so, please print "S" by the child's name above.

**ADVISORS:**

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Financial Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Who referred you to our Firm? \_\_\_\_\_

**Who will serve as Executor of your will?**

		Husband's Responses	Wife's Responses
<b>Executors</b>	First Choice		
	Second Choice		
	Third Choice		

**Who will inherit your wealth upon your death?**

		Husband's Responses	Wife's Responses
<b>Beneficiaries</b>	First Choice		
	Second Choice		
	Third Choice		

**Specific Notes concerning the distribution of wealth:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Who will serve as guardian of your minor children?**

		Husband's Responses	Wife's Responses
<b>Guardians</b>	First Choice		
	Second Choice		
	Third Choice		

**If you were incapacitated, who would make your financial decisions?**

		Husband's Responses	Wife's Responses
<b>Financial Successors</b>	First Choice		
	Second Choice		
	Third Choice		

**If you were incapacitated, who would make your medical decisions?**

**Husband's Responses**

**Wife's Responses**

<b>Medical Successors</b>	First Choice	
	Address	
	Phone	
	Second Choice	
	Address	
	Phone	
	Third Choice	
	Address	
Phone		

First Choice	
Address	
Phone	
Second Choice	
Address	
Phone	
Third Choice	
Address	
Phone	

**Living Will Decisions**

If you were suffering with a terminal condition from which you are expected to die within six months, do you wish to decline treatments and be allowed to pass away, or would you prefer to be kept alive in this terminal condition?

**Husband:**  Decline Treatment  Be Kept Alive

**Wife:**  Decline Treatment  Be Kept Alive

If you were suffering with an irreversible condition where you were unable to care for yourself or make decisions for yourself, and you are expected to die without life sustaining treatment, do you wish to decline treatments and be allowed to pass away, or would you prefer to be kept alive in this terminal condition?

**Husband:**  Decline Treatment  Be Kept Alive

**Wife:**  Decline Treatment  Be Kept Alive

**HIPAA – Health Information Disclosure**

Please list the names of persons that you want to have access to your medical information and records.

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

### YOUR ASSET INFORMATION

	Income Sources	Payee	Gross Income/Amount	Net Income/Month
<b>Sources of Income</b>	1.			\$
	2.			\$
	3.			\$

	Financial Institution	Account Type	Owner	Account Balance
<b>Bank and Savings Accounts</b>	1.			\$
	2.			\$
	3.			\$

	Financial Institution	Account Type	Annuitant/Beneficiary	Account Value
<b>Annuities</b>	1.			\$
	2.			\$
	3.			\$

**Stocks, Bonds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

	Stock, Bond or Investment Acct	Owner	Account Type	Account Value
<b>Stocks and Bonds</b>	1.			\$
	2.			\$
	3.			\$

**Retirement Accounts.** To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

	Custodial Institution	Owner	Type of Plan	Account Value
<b>Retirement Accounts</b>	1.			\$
	2.			\$
	3.			\$
	4.			\$

		Owner	Balance Owed	Cash Value
<b>Real Estate</b>	1.			
	2.			
	3.			

	Insurance Company/Account Number	Type	Owner	Insured	Death Benefit	Cash Value
<b>Life Insurance</b>	1.					
	2.					
	3.					

**Other Property.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

	Description	Owner	Market Value
<b>Other Property</b>	1.		
	2.		
	3.		

### ADDITIONAL IMPORTANT ISSUES

Are either of you currently receiving, or are entitled to receive, any money or other types of assets from a trust set up by someone?  Yes  No

If yes, please explain: \_\_\_\_\_

Do either of you expect to receive an inheritance in the future from parents, relatives, or friends?  Yes  No

If yes, please estimate the value of the inheritance you expect. Husband: \$ \_\_\_\_\_ Wife: \$ \_\_\_\_\_

### ADDITIONAL DOCUMENTATION TO BRING TO YOUR CONSULTATION

In some instances, it is necessary for us to review other documents before making planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing estate planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Copies of the most recent statement evidencing your ownership of bank accounts, investment account, retirement accounts, and annuities.
- Pre-marital or Post-marital Agreement (if applicable).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist, such as one of you paying child support, paying for medical insurance for minor children, or requiring you to carry life insurance on your life for the benefit of your child(ren).
- A copy of the deed to the homestead and any other real estate in which you own an interest.

## PLANNING CONCERNS AND ANXIETIES

### To be Completed by Husband

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that I frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	None	Low	Medium	High
<b>Tax Concerns</b>				
1. <b><i>Estate Taxes.</i></b> I've heard that estate taxes can be as high as 50% of the value of my assets. I'd like to know how to reduce or eliminate an estate tax liability I might have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b><i>Capital Gains Taxes.</i></b> We have an asset that we're thinking about selling and I'd like to know how we might reduce or eliminate any capital gains taxes we might owe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b><i>Income Taxes.</i></b> We have significant income from investment assets and I'd like to know if there is any way to reduce or eliminate the amount of income taxes we pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b><i>Interest Expense.</i></b> We pay quite a bit of interest on business and/or personal loans or lines of credit and would like to know if we could reduce the amount of interest we pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Concerns</b>				
5. <b><i>Custodian of Minor Children.</i></b> I'm concerned that, if my wife and I were to die, our children will be placed in the custody of someone other than whom we select.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b><i>Beneficiaries' Creditors.</i></b> I'm concerned that our children or other beneficiaries will lose any inheritance we leave to creditors, lawsuits, or divorcing spouses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <b><i>Fiscal Immaturity.</i></b> I'm concerned that our children or other beneficiaries will lose their inheritance due to their mismanagement of money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <b><i>Children-In-Law.</i></b> I'm concerned about what might happen if a son-in-law or daughter-in-law ever got control over any inheritance we might leave to our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <b><i>Mismanagement.</i></b> I'm concerned that the person(s) in charge of managing my children's or grandchildren's inheritance might squander or mismanage the funds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <b><i>Grandchildren's Education.</i></b> I'm concerned that my children might not provide for my grandchildren's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**None      Low      Medium      High**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. <b><i>Making Beneficiary Ineligible for Governmental Benefits.</i></b> I have an individual that I would like to benefit in my estate planning who is currently receiving governmental benefits but who might lose eligibility if they inherit assets.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <b><i>Spousal Control of My Assets if I Pass First.</i></b> I would like to know that if I were to die first, my assets are available to my wife, but that upon my wife's death my assets pass to our children or other beneficiaries. I would not, for example, want my assets to pass to my wife's next husband or to any other individual who might influence my wife. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <b><i>Family Disputes.</i></b> I am concerned about my beneficiaries commencing lawsuits against each other because they feel that they've received less than they should have received.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <b><i>Hard-to-Divide Assets.</i></b> My assets are comprised significantly of one or more assets that are not easily divisible (such as an operating business) and I'm concerned that disputes will arise relating to how the assets might be divided.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <b><i>Values &amp; Virtues.</i></b> I'm concerned that the inheritance I leave to my beneficiaries might prevent them from being productive citizens and would like to take the necessary steps to prevent that from happening.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <b><i>Planning for Parents.</i></b> I'm concerned that my parents or my wife's parents will need financial assistance if we were to die prematurely.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Disability Concerns**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. <b><i>Guardianship.</i></b> I'm concerned that if I were to become disabled, I would need a guardianship so that someone would have the legal ability to make healthcare and financial decisions for me.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. <b><i>HIPAA.</i></b> My current planning does not reflect the HIPAA privacy rules and I'm concerned that if something happened to me, health care personnel might not disclose information to my loved ones.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. <b><i>Disability of Single, Adult Children.</i></b> I'm concerned that if a single, adult child of mine became disabled, that I would not have the legal ability to make decisions for my child or be informed about my child's health situation due to HIPAA privacy rules. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### **Creditor Concerns**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. <b><i>Frivolous Lawsuits.</i></b> I'm concerned about my assets being taken through frivolous lawsuits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. <b><i>Nursing Home.</i></b> I'm concerned about my assets being lost to the nursing home.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**None      Low      Medium      High**

22. **Creditors of Jointly Owned Property.** I have property owned as joint tenants with someone other than my wife, and I'm concerned that a creditor of that other person could take the entire property.
- 

### Post Death Concerns

23. **Probate.** I'm concerned about the unnecessary delays and costs that my estate will incur if my assets pass via a probate proceeding.
- 
24. **Fire Sale.** I'm concerned about my assets having to be sold in a "fire sale" to pay estate taxes or to pay debts that I owe.
- 
25. **Liability of Executor.** I'm concerned that the person I've named as my Executor might be sued by an heir because my Executor did not understand what duties were required of them and what liability they take on for serving as Executor.
- 
26. **Privacy.** I'm concerning about my affairs being made public and would prefer to keep my affairs private.
- 

### Business Concerns

27. **Validity of Corporate Shield.** I own a corporation of limited liability company and I'm concerned that my personal assets may still be exposed to liabilities of the company because I've not held company meetings annually, kept minutes from those meetings, elected officers, etc.
- 
28. **Employee Lawsuits.** I'm concerned that my employees might sue because of an out-of-date or non-existent employee agreements.
- 
29. **Business Succession Plan.** I have a company and I'm concerned that the company might falter if I were to die unexpectedly because I don't currently have a business succession plan.
- 
30. **Out-of-Date Buy-Sell Agreement.** I have a buy-sell agreement with the other owners of the company in which I'm involved but I have no idea if it's up-to-date or if the company will have the funds to buy out my interest if I were to die.
- 

### Financial Concerns

31. **Standard of Living.** I'm concerned that I or my wife might not be able to maintain our current standard of living during retirement.
- 
32. **Exhaustion of Assets During Disability.** I'm concerned my assets might be completely consumed to pay for my care or my wife's care in the event of a disability.
-

## PLANNING CONCERNS AND ANXIETIES

### To be Completed by Wife

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that I frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

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<b>Family Concerns</b>				
5. <b><i>Custodian of Minor Children.</i></b> I'm concerned that, if my husband and I were to die, our children will be placed in the custody of someone other than whom we select.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- |  |                          |                          |                          |                          |
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#### **Disability Concerns**

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- |   |                          |                          |                          |                          |
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- 

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- 

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- 
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-

**CHARITABLE CAUSES**

Please list any charitable causes you have or that you support with either your time or financial resources:

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Recent studies conducted for those in service professions like attorneys, accountants, clergy, etc. have indicated that you can tell a lot about an individual’s learning preferences based on their favorite type of cake. What is your favorite cake? Chocolate, white cake, red velvet, Italian cream, etc.

**My favorite cake is:** \_\_\_\_\_

**ABOUT YOUR GOALS & OBJECTIVES**

What prompted you to schedule this appointment? Don’t focus on the tools to be used, but rather on the outcomes you wish to achieve.

<u>Goals:</u>	<u>Consequence if Goal Isn’t Accomplished</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

**YOUR EXPECTATIONS OF US**

Meeting your expectations in the estate planning process is very important to our Firm, but in order to do that we need to know in advance what those expectations are. Please describe your expectations of us should you decide to hire us to prepare and implement your estate plan for you.

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