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Estate Planning Questionnaire

For privacy reasons, please do not email the completed form. Instead, contact us for a secure link to upload your form before our meeting.

Thank you for contacting Karisch Jonas Law, PLLC, about estate planning. This data sheet can be helpful for organizing your thoughts about estate planning and for providing information to us about your family and estate. Please fill it out as well as you can, either skipping or making notes on those items that seem inapplicable or about which you have questions.

Our estate planning meeting will be more efficient if you provide this information to us at least a few days before we meet. Please contact us if you would like us to provide a secure Dropbox link to upload it, or you can mail the form or bring it to our meeting.

Personal Information		
	You	Your Partner/Spouse
Full Name:		
Nickname or Preferred Name:		
Birth Date:		
Occupation:		
Whom may we thank for referring you?		
Employer Name:		
Estimated Annual Income from Salary, Bonuses, Etc.:		
Estimated Annual Investment Income (Dividends, Interest, Etc.):		
Preferred Phone Number:		
Email Address:		
Home Address:		

Personal Information		
County of Residence:		
Date and Place of Marriage:		
Do you have a marital property agreement (prenup or postnup)?		
If you have lived outside Texas during this marriage, please list the states and dates of residence:		
If either of you were previously married, list the dates of prior marriage, name of prior spouse, names of living children from prior marriage(s), and state whether marriage ended by death or divorce:	You	Your Spouse
Describe any real estate owned by either or both of you outside Texas:		
Location of Safe Deposit Box:		
Insurance Agent:		
Accountant:		
Financial Planner:		
Other Information:		
Children		
Full Name	Birth Date	Address (If Child Does Not Reside With You)

Personal Information

Assets

Description	Current Fair Market Value	How Is Title Held?* Right of Survivorship?
Bank Accounts <i>(not IRAs and Retirement Plans; they are addressed below)</i>		
Stocks, Bonds and Mutual Funds <i>(not IRAs and Retirement Plans)</i>		
Closely Held Businesses, Partnerships, Etc.		
Total		

* If you know if the property is your separate property, your spouse's separate property, or community property, please indicate that information. If not, state the name(s) which appear on the title. If known, please indicate whether the property is held with right of survivorship.

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Participant	Beneficiary(s)	Vested Amount	Type of Plan
Total				

Liabilities	
Description	Amount
Mortgages	
Other Liabilities	
Total	

Dispositive Plan:
(Describe in general terms how you wish to leave your property at death;
we will discuss this topic in detail in our meeting)

Other Beneficiaries
(Information about persons other than your spouse and descendants who you wish to benefit.)

Full Name	Age	Address	Relationship to You

Fiduciaries
List name, address, telephone and relationship to you for each person.
We will discuss each role in detail at our meeting.

	You	Your Spouse
Executor: (The executor is the person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)		
First Alternate Executor:		
Second Alternate Executor:		
Trustee: (The trustee is the person responsible for long-term management of property for the surviving spouse, children, or other beneficiaries.)		
First Alternate Trustee:		
Second Alternate Trustee:		
Guardian of Minor Children: (The guardian is the person who will take physical care of minor children should both parents die.)		
First Alternate Guardian:		
Second Alternate Guardian:		
Property Agent: (The property agent is the person who will handle your financial affairs if you become incapacitated.)		
First Alternate Property Agent:		
Second Alternate Property Agent:		
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)		
First Alternate Health Care Agent:		
Second Alternate Health Care Agent:		