

# James H. Horton Law Firm, P.C.

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## ESTATE PLANNING QUESTIONNAIRE

In order for us to appropriately plan your estate, please complete this questionnaire and either submit it to our office prior to a telephone appointment, or bring it with you to your initial consultation. Please also submit any prenuptial agreements and copies of any Wills or Trusts you currently have.

### Your Information:

### Spouse's Information:

Name:		Spouse's Name:	
Social Security Number:		Social Security Number:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Work Number:		Work Number:	
Mobile Number:		Mobile Number:	
US Citizen:		US Citizen:	
Divorces and Previous Marriages:		Divorces and Previous Marriages:	

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax (if applicable): \_\_\_\_\_

Spouse's Maiden Name (if applicable): \_\_\_\_\_

Previous Address: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

**CHILDREN BORN OR ADOPTED**

Name	Address	Birthdate	Special Circumstances

**PARENTS AND SIBLINGS**

Name	Address	Birthdate	Special Circumstances

**OTHER BENEFICIARIES THAT ARE NOT SPOUSE, CHILDREN, PARENTS, OR SIBLINGS**

(Please place any Charities you want listed in your will in this section)

Name	Address	Birthdate	Special Circumstances

**PROFESSIONALS (please include names, addresses, contact information, and telephone number)**

Accountant: \_\_\_\_\_

Investment Advisors: \_\_\_\_\_

**Please answer yes or no to the following questions:**

Do you have a will executed in the State of Texas?	
Is the Value of you or your Spouse's estate greater than \$5,000,000.00?	
Does either spouse wish to disinherit any family member?	
Does any family member have creditor problems, disability, history of substance abuse or a pending divorce?	
Does either spouse lack a medical power of attorney?	
Has either spouse been diagnosed or currently suffers from a condition that contributes to the incompetency or the decline of said spouse's life expectancy?	
For any Wills executed by either spouse, has your underlying facts and circumstances changed since the Will's execution?	
Does either spouse wish to make charitable or anatomical gifts?	

**WHO WILL ADMINISTER YOUR ESTATE?**

	<u>You</u>	<u>Your Spouse</u>
Executor:		
Alternate Executor:		
Guardian of Minor Children:		
Alternate Guardian of Minor Children:		

**DIVISION OF THE ESTATE:**

Your Assets to:

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Your Specific Bequests and Devises:

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Your Spouse's Assets to:

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Your Spouse's Specific Bequests and Devises:

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**REAL ESTATE**

Address	Ownership	Value	Mortgage Balance	Net Equity

**CASH, STOCKS, BONDS, AND BANK ACCOUNTS (Non-Retirement)**

Description	Ownership	Value

**ANNUITIES**

Description	Ownership	Value

**RETIREMENT ACCOUNTS**

Description	Ownership	Beneficiary Designations	Value

**LIFE INSURANCE**

Insurance Company and Type of Policy (Term/Whole)	Owner	Beneficiary Designations	Death Benefit	Net Surrender Cash Value

**INTERESTS IN CLOSELY HELD OR FAMILY OWNED BUSINESSES**

Description	Ownership	Value

OTHER ASSETS

Description	Ownership	Value

LOANS RECEIVABLE, VEHICLES, ARTWORK, COLLECTIONS, AND OTHER TANGIBLE PERSONAL  
PROPERTY

Description	Ownership	Value

TOTAL NET VALUE OF ESTATE: \$ \_\_\_\_\_



**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**PRIVACY POLICY AS TO SOCIAL SECURITY NUMBERS:**

Social Security information will only be used in the event you hire the firm to represent you in this matter and then only when necessary in limited use during the course of your case.

1. Social Security numbers are collected by the law firm from the client, and all clients provide such information to the law firm in writing.
2. Social Security Numbers are used to identify parties whether for initial service in court orders, in orders to withhold wages for child support, in required reports filed with the State of Texas, or to obtain retirement information used to divide retirement benefits.
3. All information received from a client is confidential, particularly social security numbers. Social Security Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.
4. The employees of James H. Horton Law Firm, have access to this personal information.
5. Every step is taken to protect your privacy. This information is kept secure within the office of the firm in file folders and file drawers, until such time that the file information is retired and the file is removed to storage in a locked, off-site storage facility. The client information will eventually be shredded.

I acknowledge that I have read the foregoing and that I have provided the above information.

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE