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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	
Full Name:	
Nickname or Preferred Name:	
Birth Date:	
Whom may we thank for referring you?	
Occupation:	
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	
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County of residence:	
Name of spouse (if married):	
Do you have a marital property agreement (prenup or postnup)?	
Describe any real estate owned by you outside Texas:	
Location of Safe Deposit Box:	
Insurance Agent:	
Accountant:	
Broker or Financial Planner:	
Other Information:	

Children		
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Full Name	Birth Date	Address (If Child Does Not Reside With You)

Assets		
Description	Current Fair Market Value	How Is Title Held?*
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.		
Real Estate		
Automobiles, Boats, Etc.		
Other Property		
Total		

* State the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.

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

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Beneficiary(s)	Type of Plan	Vested Amount	Death Benefit
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 at our meeting)

Other Beneficiaries
(Information about persons who you wish to benefit.)

Full Name	Age	Address	Relationship to You

Fiduciaries

List name, address, home telephone, and relationship to you for each person.

We will discuss each role in detail at our meeting.

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 you, your 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:	