

Kathleen Brown Attorney at Law

Licensed in Texas and Oklahoma

1209 Bluff Street

Wichita Falls, TX 76301

Telephone: 940/692-8220

Facsimile: 940/692-8206

SINGLE PERSON WILL QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE PRIOR TO YOUR APPOINTMENT.

This will enable us to serve you in a timely and professional manner.

Today's date: _____

Full Name: _____

Date of Birth: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____

Cell Phone: _____

Home E-mail Address: _____

Employer: _____

Work Phone: _____

Are you a U.S. Citizen Yes No _____

If not a citizen, indicate citizenship: _____

Date of Texas Residence Established: _____

CHILDREN: Full Legal Name and Address

- | | | | | |
|----|--|--|---------------------------|---------------------|
| 1. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 2. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 3. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 4. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 5. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |
| 6. | Name: _____
Address: _____
_____ | Child by
Previous
Marriage?
Y / N | Date
of Birth
_____ | Gender

M / F |

Information regarding any other person(s) who will be named in the Documents:

1. Name:	_____	Gender
Address:	_____	M / F

2. Name:	_____	Gender
Address:	_____	M / F

3. Name:	_____	Gender
Address:	_____	M / F

4. Name:	_____	Gender
Address:	_____	M / F

5. Name:	_____	Gender
Address:	_____	M / F

6. Name:	_____	Gender
Address:	_____	M / F

Do you currently have any of the following:

- Will
- Durable Power of Attorney
- Health Care Power of Attorney
- Directive to Physician's (Living Will)

I. REAL ESTATE:

Please bring a copy of the Warranty Deed on each piece of property

1. Address: _____ Current Value: \$ _____

- Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

2. Address: _____ \$ _____

- Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

3. Address: _____ \$ _____

- Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

II. LIFE INSURANCE

- | | Cash Value | Death Benefit |
|--|------------|---------------|
| 1. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life | | |
| Primary Beneficiary _____ | | |
| Contingent Beneficiary _____ | | |
| 2. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life | | |
| Primary Beneficiary _____ | | |
| Contingent Beneficiary _____ | | |

3. Insurance Co. _____ \$ _____ \$ _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

III. RETIREMENT ACCOUNTS

Current Value:

1. 401K _____ \$ _____

Primary Beneficiary _____

Contingent Beneficiary _____

2. IRA _____ \$ _____

Primary Beneficiary _____

Contingent Beneficiary _____

3. IRA _____ \$ _____

Primary Beneficiary _____

Contingent Beneficiary _____

IV. BANK ACCOUNTS

	Name of Bank	Acct. type (CD checking, saving)	Name on Account	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____

V. INVESTMENT ASSETS (Brokerage Acct., Stocks, Bonds, Mutual Funds, Annuities, etc.)

	Name of Company or Fund	Type of Investment	Names as shown on Cert/Acct.	Current Value
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____
9.	_____	_____	_____	\$ _____
10.	_____	_____	_____	\$ _____

VI. BUSINESSES

1. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____ %
 Is there a current Buy-Sell Agreement _____

2. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____ %
 Is there a current Buy-Sell Agreement _____

VII. OTHER (i.e. Oil & Gas interests (leases), grazing leases, annuities from previous settlements, beneficiary of any trust or investment or savings accounts.)

Do you have Long Term Insurance? Yes No

VIII. ESTATE PLANNING

1. What topics would you like to discuss at your appointment?

2. Distributions

a. Briefly describe how you would like your estate to be distributed at your death.

3. Appointments

a. Executor - Will

b. Agents for Medical Power of Attorney

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

c. Guardian of Minor Children
(if applicable)

d. Agents for Durable Power of Attorney
(Personal Business Matters)

1. _____

1. _____

2. _____

2. _____