

GHATREHEE LAW FIRM PLLC

Tax Controversy & Estate Planning

4221 Preston Road
Suite 100
Frisco, Texas 75034
O: 469-375-4553
F: 469-533-1945
www.ghatlaw.com

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date: _____ Referred by: _____

I. PERSONAL DATA

DOCUMENTS WILL BE DRAFTED USING THE NAMES AS THEY ARE SPELLED BELOW.

YOUR NAME: _____

Also known as: _____

Birthdate: _____ Place of Birth: _____ Citizenship: _____

SPOUSE'S/
PARTNER'S NAME: _____

Also known as: _____

Birthdate: _____ Place of Birth: _____ Citizenship: _____

HOME ADDRESS: _____

County: _____ Home Phone: _____

Cell Phone: _____ Email: _____

BUSINESS ADDRESS: _____

Business Phone: _____ Fax: _____ Email: _____

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CHILDREN

BIRTHDATES

MARITAL STATUS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. EXECUTOR / TRUSTEE

Name the person(s) you wish to act in the following capacities:

Executor:

(The person who, upon your death, will be responsible for paying any debts, taxes, expenses, and for gathering, liquidating and distributing assets – usually the surviving spouse)

Successor Executor:

Trustee:

(The person who would act as the Trust of a Trust under your Will such as a trust for minor children.)

Successor Trustee:

Guardian/Estate:

(The person who has legal authority/duty to care for your minor children's assets if both parents are deceased.)

Successor

Guardian/Estate:

Guardian/Children:

(The person with whom your minor children **would reside** in the event that both parents are deceased.)

Successor

Guardian/Children:

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III. B E N E F I C I A R I E S

How do you want your estate to be distributed at your death?

PERSONAL PROPERTY BENEFICIARY:

REAL PROPERTY BENEFICIARY:

CONTINGENT BENEFICIARIES:

CHARITABLE GIFTS:

COMMENTS:

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IV. OTHER ESTATE PLANNING INFORMATION

STATUTORY DURABLE POWER OF ATTORNEY:

Your Representative: _____

Successor Representative: _____

Spouse's Representative: _____

Spouse's
Successor Representative: _____

MEDICAL POWER OF ATTORNEY:

Your Agent: _____

Successor
Agent: _____

Spouse's Agent: _____

Spouse's
Successor Agent: _____

DIRECTIVE TO PHYSICIAN (Living Will): _____ Yes _____ No

V. ASSETS

Provide a current financial statement or a list of assets, including bank accounts, brokerage accounts, residence, other real estate, business interests, life insurance, IRAs, 401(k), etc. on separate pages. Indicate how the assets are owned (titled).