

# **ASSET QUESTIONNAIRE**

**PERSONAL & CONFIDENTIAL**

**Leigh Hilton, PLLC  
Attorneys at Law  
918 N Elm St., Ste. 100  
Denton, Texas 76201  
Ph: (940) 387-8800  
[www.leighhilton.net](http://www.leighhilton.net)**

## ***Instructions***

**This form should be filled out as completely as possible and returned to our office as soon as possible, preferably before your initial appointment or at the latest, your will signing appointment. It is important that all of your assets be listed on this form. It is also important that anywhere on this form where we have requested information, such as copies of deeds, that those instructions be complied with. We want the funding of your trust to go as smoothly as possible and we need your help to make this happen.**

**Please call us if you have any questions, with regard to this form.**

**Also please use the following designations for the ownership of your properties. On each section of this form there is a blank to name the “owner”. It is very important that we have the proper name of the owner of each asset whether it is one spouse or both, or one person and a non-spouse, or however you may actually own the property. The following designations are for our use, but if you hold property in any other way, please feel free to write in any “owner” designation you may have that is not included below:**

**PLEASE USE THE FOLLOWING DESIGNATIONS FOR OWNER:**

Joint Tenancy w/Survivorship = JTWROS

Husband’s Separate Property = HSP

Wife’s Separate Property = WSP

Community Property (Husband’s name only) = HCP

Community Property (Wife’s name only) = WCP

Community Property (both spouse’s names) = BCP

Business acct = name of business

Account for a minor child = MINOR

Asset held with nonspouse = H&O or W&O

**CONFIDENTIAL**  
**ASSET QUESTIONNAIRE**

Estimate value of the estate

Please estimate the value of your estate (including life insurance):

- Less than or equal to \$1,500,000
- Greater than \$1,500,000 but less than \$3,000,000
- Greater than \$3,000,000

Do you own any real property that is not located in the State of Texas?

Yes  No

**ACCOUNTS IN BANKS AND CREDIT UNIONS (NON-IRA)**

(i.e. Checking, Savings, CDs, Money Market)

Check BOX if statements are attached

Title Single/Joint/Trust (If single, use first name)	Name of Institution	Type of Account	Maturity Date	Approximate Balance
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

**IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS**

(Please bring in your most recent statements)

Check **BOX** if statements are attached

**PLEASE USE THE FOLLOWING DESIGNATION FOR TYPE: IRA, 401k, Pension, SEP or PS (profit sharing)**

Owner (Use first name)	Custodian (i.e. Bank, Broker, Employer, etc.)	Type (401K, IRA, TSA, etc.)	Approximate Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

**MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS, (NON-IRA)**

(Please bring in your most recent statements)

Check **BOX** if statements are attached

**PLEASE USE THE FOLLOWING DESIGNATION FOR TYPE: Money Market = MM, Mutual Fund = MF, Brokerage/Investment = B, Cash Management = CM, Other type = please explain**

Title Single/Joint/Trust (If single, use first name)	Name of Brokerage Firm/Mutual Fund, Type	Number of Shares	Approximate Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____

**STOCKS AND BONDS –Certificates That Are In Your Possession (NON-IRA)**

**PLEASE USE THE FOLLOWING DESIGNATIONS FOR BONDS:**    US Savings = US,    Corporate = CB,    Municipal = MB,    Other = Other

Title Single/Joint/Trust (If single, use first name)	Name of Stock/Bond Issuer & Account/Bond Issue #	Number of Shares	Approximate Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____

**LIFE INSURANCE**

(Please bring in policies and most recent statements)

Check **BOX** if Policy/Most Recent Annual Reports are attached

Company	Insured	Owner (Use first name) *	Year Issue d	Type (Term, Whole Life, Universal) **	Death Benefit	Cash Value	Outstanding Loan Amount
1. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

(\*Please indicate if policy is owned by a Trust) (\*\*Please indicate if policy is Fixed or Variable)

**RESIDENCE & OTHER REAL ESTATE OWNED**

(Attach Copies of All Deeds for Properties)

Title Single/Joint/Trust (If single, use first name)	Property Address	Mortgage Company	Approx. Value	Debt	Net Cash Flow (if a rental)
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

- If additional property, please put on back of this page.

**PROMISSORY NOTES & TRUST DEEDS**

(Where someone owes or is paying you on a note or deed)

Name & Address of Debtor	Original Loan Amount	Approximate Balance of Note
1. _____ _____	_____	\$ _____
2. _____ _____	_____	\$ _____

- If additional property, please put on back of this page.

**OIL & GAS INTERESTS**

(Attach Division Orders and Deeds/Royalty Deeds, etc.)

Name of Oil Company (if any)	Value
1. _____	\$ _____
2. _____	\$ _____

**CORPORATE INTERESTS**

Name of Corporate Entity	S or C Corp?	Number of Shares	Owner	Value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____

**PARTNERSHIP INTERESTS**

Name of Partnership	Limited or General Partnership	Percentage of Ownership	Owner	Value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____

**SOLE PROPRIETORSHIP/PROFESSIONAL INTEREST**

Name of Company	Owner	Description of Business	Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

**Anticipated inheritance, gift, or lawsuit judgment**

TYPE: GIFTS OR INHERITANCES THAT YOU EXPECT TO RECEIVE AT SOME TIME IN THE FUTURE; OR MONEYS THAT YOU ANTICIPATE RECEIVING THROUGH A JUDGMENT IN A LAWSUIT. DESCRIBE IN APPROPRIATE DETAIL.

Description: \_\_\_\_\_

\_\_\_\_\_

TOTAL ESTIMATED VALUE \_\_\_\_\_

**PERSONAL PROPERTY**

**Unusual Household Items (collections, paintings, gold/silver bars, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vehicles (cars, trucks, motor homes, motor cycles, boats, planes)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Farm and Ranch Property (livestock, machinery, leases, etc.)**

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**Other (anything that has not been previously listed under any category)**

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**NOTES**

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**Beneficiary Information:**

		<b>Beneficiary Percentage (%)</b>	
		<u>Participant Account</u>	<u>Spouse Account</u>
Child: (1)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (1)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (2)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (3)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (4)	_____ DOB: __/__/__	_____ %	_____ %
Child: (2)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (1)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (2)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (3)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (4)	_____ DOB: __/__/__	_____ %	_____ %
Child: (3)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (1)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (2)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (3)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (4)	_____ DOB: __/__/__	_____ %	_____ %
Child: (4)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (1)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (2)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (3)	_____ DOB: __/__/__	_____ %	_____ %
Grandchild: (4)	_____ DOB: __/__/__	_____ %	_____ %

(Note: A maximum limit of 4 children and 16 grandchildren can be named as beneficiaries for illustrative purposes.)

(Beneficiary Percentage's are used to determine IRA allocation for Multi-Generation illustration.)