

(PLEASE PRINT) FILL OUT AND BRING WITH YOU TO YOUR APPOINTMENT WITH MICHELE O'BRIEN.

**ESTATE DISPOSITION / MANAGEMENT QUESTIONNAIRE**

1. NAME(S) (preferred name & a/k/a)

(1)

**Date of Birth:**

(2)

**Date of Birth:**

**DRIVER'S LICENSE NUMBERS:** (1) (2)

Social Security # (only last 4 digits): (1) (2)

2. **ADDRESS: (Street, City, State, Zip Code)**

**TELEPHONE CONTACTS:**

**EMAIL ADDRESSES:**

3. **CHILDREN** (adopted or natural) Children not acknowledged? Possible claims as "child"? :  
**NAMES** **DATES OF BIRTH** **SPECIAL NEEDS?**

4. **GUARDIAN (ANY CHILD UNDER 18, OR LEGALLY INCAPACITATED ADULT) INITIAL AND SUCCESSOR(S)**

5. Executor(rix) (or CoExecutors)/Successor Executors:

6. **TRUST(S)** YES NO TYPE / REASON:

**INITIAL TRUSTEE/ CO-TRUSTEES AND SUCCESSORS**

7. **REVIEW PERSONAL & FINANCIAL MANAGEMENT DOCUMENTS?** YES \_\_\_ NO \_\_\_

**OTHER CONSIDERATIONS:**

Any written Property Agreements?

Separate or Community property considerations?

Own real property in other states?

Other considerations?

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