

**QUESTIONNAIRE FOR PREPARATION OF:**

- A. Last Will and Testament**
- B. Directive to Physicians**
- C. Declaration of Guardian**
- D. Disposition of Remains**
- E. Medical Power of Attorney for Healthcare**
- F. Statutory Durable Power of Attorney**
- G. HIPAA Authorization**
- H. Hospital Visitation Authorization**

**GENERAL INFORMATION**

1. What is your complete legal name?

Answer: \_\_\_\_\_

2. What is your current age and date of birth?

Answer: \_\_\_\_\_

3. What county do you live in (i.e., Harris, Galveston, Fort Bend, etc.)?

Answer: \_\_\_\_\_

4. What is your home mailing address?

Answer: \_\_\_\_\_

5. What is your evening – home telephone number?

Answer: \_\_\_\_\_

6. What is your daytime – work telephone number?

Answer: \_\_\_\_\_

7. Have you ever been married (now or previously)?

Answer: \_\_\_\_\_

8. If previously married, are you divorced?

Answer: \_\_\_\_\_

9. Do you have any children? If so, please state their names and current ages.

Answer: \_\_\_\_\_

10. What is your social security number?

Answer: \_\_\_\_\_

**A. Last Will and Testament**

1. What is the complete legal name of the person you want to be your independent executor?  
(Person responsible for carrying out the provisions of your will.)

Answer: \_\_\_\_\_

2. What is the complete legal name of the person you want to be your first alternative choice for independent executor?

Answer: \_\_\_\_\_

3. What is the complete legal name of the person you want to be your second alternative choice for independent executor?

Answer: \_\_\_\_\_

(SELECT ONLY ONE CHOICE; EITHER 4A, 4B, OR 4C)

4A. What is the complete legal name of the person (over age 18) or entity who you want to leave **your entire** estate to?

Answer: \_\_\_\_\_

OR

4B. If you want to leave your entire estate to two (2) persons or more (over age 18) or entities in **equal undivided portions**, what are the complete legal names of both of those persons or entities?

Answer: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**OR**

- 4C. If you want to leave your estate to a person or persons (over age 18) in a special way (or with special provisions), please describe your instructions here. For example, you could leave a specific bequest to one person and the remainder of your estate to one or more other persons or entities.

Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: if you wish to leave anything to a minor, you can do it, but it will require that we include a testamentary trust in your will. Please contact Mitchell Katine to discuss leaving a bequest to a minor.

5. What is the complete legal name of the person you want to be the first alternative person or entity who you want to leave your entire estate to?

Answer: \_\_\_\_\_

6. What is the complete legal name of the person you want to be the second alternative person or entity who you want to leave your entire estate to?

Answer: \_\_\_\_\_

7. Do you want to direct how you want your body to be handled after you pass away? If yes, please specify all details of how you want your body to be handled.

Answer: \_\_\_\_\_

**B. Directive to Physicians**

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

In the event you are diagnosed by your physician as suffering from *a terminal condition* or *an irreversible condition*, you may direct whether you are to be kept comfortable but allowed to die as gently as possible, or you may direct to be kept alive for as long as possible in such a condition using all available life-sustaining treatment.

## Definitions

**“Artificial nutrition and hydration”** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

**“Irreversible condition”** means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person’s own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

**Explanation:** Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serous brain disease such as Alzheimer’s dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

**“Life-sustaining treatment”** means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient’s pain.

**“Terminal condition”** means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

**Explanation:** Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physicians, family, or other important persons in your life.

You will be able to make your decisions about whether you want life-sustaining treatment to be administered or whether you want to be allowed to die as gently as possible at the time you execute your directive to physicians.

Do you want to execute a directive to physicians?

Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you have any additional requests (such as whether you do or do not want any particular treatment)?

No \_\_\_\_\_

Yes \_\_\_\_\_ (please specify below)

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**C. Declaration of Guardian**

1. Do you want to execute a declaration of guardian in the event of later incompetence or need of guardian? This document designates an agent and two alternate agents to serve as guardian of your estate and of your person if the need for a guardian should later arise. If you want such a document prepared, please state:

A. The complete legal name of the person who you want to designate as your guardian if such need should later arise:

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B. The complete legal name of the first alternate guardian:

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C. The complete legal name of the second alternate guardian:

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**D. Appointment of Agent to Control Disposition of Remains**

1. Do you want to execute an appointment of agent to control disposition of remains? Texas law states that a person may provide written directions for the disposition of the person's remains in a will, a prepaid funeral contract, or a written instrument signed and acknowledged by such person. A written instrument must be in a legally sufficient form, properly completed, signed by you, signed by your agent and each successor agent, and your signature must be acknowledged by a notary. If you want to execute an appointment of agent to control disposition of remains, please state the following:

- A. The full legal name, address and telephone number of the person you want to appoint as your agent:

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- B. The full legal name, address and telephone number of the person you want to appoint as your first successor agent:

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- C. The full legal name, address and telephone number of the person you want to appoint as your second successor agent:

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- D. Do you want to make any special directions limiting the power granted to your agent? If so, please specify the special directions:

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**E. Power of Attorney for Healthcare**

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician. Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

1. What is the complete legal name, address and telephone number of the person (over the age of 18) you want to appoint as your agent and attorney-in-fact to make health care decisions for you in the event you are unable to make them for yourself?

Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you want to place any limitations on the decision making authority of your appointed agent?

Answer: Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please specify.

Answer: \_\_\_\_\_

3. If the person designated as your agent is unable or unwilling to make health care decisions for you, please state the complete legal name, addresses and telephone numbers of your two (2) alternative agents (over the age of 18 years).

First Alternative Agent:

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

Telephone number: \_\_\_\_\_

Second Alternative Agent:

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

Telephone number: \_\_\_\_\_

4. The original of your health care power of attorney will be kept at Katine & Nechman L.L.P., 1111 North Loop West, Suite 180, Houston, Texas 77008-1700. Please state the names, addresses and telephone numbers of two (2) persons or institutions who you intend to have signed copies or duplicate originals of your health care power of attorney. (We suggest that the two (2) persons be (1) your designated agent, and (2) your doctor.)

First person or institution:

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Telephone number: \_\_\_\_\_

Second person or institution:

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Telephone number: \_\_\_\_\_

5. Do you want your health care power of attorney to terminate on a specific date or do you want it to last indefinitely from the date you execute the documents until you revoke it, if ever.

Termination date, if any: \_\_\_\_\_

or

Indefinitely, until I revoke it, if ever: \_\_\_\_\_

### **F. Statutory Durable Power of Attorney**

1. The durable power of attorney for health care is for health care decisions only. Texas law provides for a statutory power of attorney for real estate transactions, business transactions, claims and litigation, personal and family maintenance, tax matters, and other types of non-health care decisions. If you wish to execute a statutory durable power of attorney, please state the following:

- A. Full name, address and telephone number of the person you wish to appoint as your agent and attorney-in-fact:

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- B. Full name of the person you wish to be your first alternate agent and attorney-in-fact:

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C. Full name of the person you wish to be your second alternate agent and attorney-in-fact:

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D. Please state any special instructions limiting or extending the powers granted to your agent.

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\_\_\_\_\_

**G. HIPPA Authorization**

Congress passed a law entitled the Health Insurance Portability and Accountability Act (“HIPPA”) that limits disclosure of protected medical information. This authorization gives your medical providers permission to give your protected medical information to your family and/or friends designated in this authorization and allows your medical providers to discuss and obtain advice from my family and/or friends.

This authorization covers the following person(s):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

## H. Hospital Visitation Authorization

You may also designate the person or persons to be given preference to be admitted to visit you if you are confined in a hospital. Please list the person or persons to be given such preference:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

If you have any questions or if your particular estate planning needs are not served by this questionnaire, please contact Mitchell Katine at (713) 808-1001.

IF YOU HAVE ANY OTHER QUESTIONS OR SPECIAL NEEDS, PLEASE STATE THEM ON THE BACK OF THIS PAGE OR ATTACH ADDITIONAL PAGES.

**Please return the completed form to:**

Mitchell Katine  
Katine & Nechman L.L.P.  
1111 North Loop West, Suite 180  
Houston, Texas 77008  
(713) 808-1001  
[mkatine@lawkn.com](mailto:mkatine@lawkn.com)