

Estate Planning Questionnaire

I N S T R U C T I O N S

Please take 10-15 minutes to fill out this questionnaire. There is no need to enter personal information, such as addresses, more than once, you can simply list the name if the information is the same. If your spouse is also making a will, have him/her complete a questionnaire as well.

We just need general information on the assets. We do not need exact balances. You should not have to pull a financial statement or look at a bank account to answer any of these questions.

When you have completed the questionnaire, please email, fax, or mail to our office. Once we have reviewed your information we will call you with our recommendations as to the type of estate planning that would most benefit you and/or your spouse.

We will then prepare the documents you have decided upon and schedule an appointment to review the documents. Should you have any questions about the questionnaire, please do not hesitate to contact our office.

The information requested will be used to assist us in preparing documents that will best meet your goals.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL



Note: Not all of the questions will apply to your unique circumstances.

Legal Names	When you list the name of a person or entity, whether of children, grandchildren, and of all persons that you would name as beneficiaries, health care agents, trustees, Executors, or guardians, please supply the full legal name, address and telephone number, if available.
Prior Wills, Trusts, Powers of Attorney	Gather together all prior or current wills, trusts, powers of attorney, or other estate planning documents that you may already have. Review these and note any changes you wish to make.
Deed	Bring either the original or a copy of all deeds to any real estate interests which you or your spouse/partner have in any real property.
Burial, Funeral, or Cremation	Gather together any documents regarding your funeral, burial, cremation, or any other planning that you intend. Be prepared to state any specific preferences or wishes you may want followed.
Couples	Bring Pre-Marital, Post-Marital Property Agreements, Domestic Partnership Agreement, if any.

CLIENT #1	CLIENT #2
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Legal Name:	Full Legal Name:
Previous Names	Previous Names
Birth Date: Age:	Birth Date: Age:
Cell Phone: Home Phone: Email:	Cell Phone: Home Phone: Email:
If Married, Wedding Month/Day/Year: ____/____/____ Pre-Marital Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City & State of Marriage:	
Home Address: City, County, State, Zip:	

Prior Marriages

If there have been any prior marriages, fill in the following chart:

Name of Prior Spouse	Date of Marriage	Date of Divorce	Date of Death
1.			
2.			
3.			

Family Information

Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the number of that spouse with the information of WHOSE child in the chart below. Please name all children you have ever had, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child.

If you do not have any children, please list: (1) Names of Parents (living or deceased); (2) Name of each sibling (living or deceased); and (3) Name of each relative or friend you would wish to include as your beneficiary:

Full Legal Names (of children, parents, siblings, or others as indicated)	Relationship	Whose? Client #1=C1 Client #2=C2 B=Both	Birth Dates	Single? Married? Divorced? Deceased?

Do any of the people identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe your concerns for them.

Name: _____ Concerns for them: _____

Name: _____ Concerns for them: _____

Name: _____ Concerns for them: _____

List any pets and attach any statement you may have of your wishes for their care:

Pet: _____ Wishes: _____

Pet: _____ Wishes: _____

Pet: _____ Wishes: _____

Please 'x' if you have any of the following:

☐ Power of Attorney ☐ Health Care Directives ☐ Last Will & Testament ☐ Revocable Living Trust ☐ Irrevocable Trust

Guardians/Pre-need Guardianship

("Back-up Parents" for Minor Children)

Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned? Who among your family and/or friends shares your religious and other core beliefs, values and ethics? **Note: A surviving biological parent is automatically the Guardian, absent other circumstances (e.g. they decline, are adjudged "unfit by a court, etc.).** If over 18, who would you like to be in charge if a guardianship is needed?

Agent	GUARDIAN(S)
First Agent	
Second Agent	

Alternate Financial Managers

(Successor Trustees, Personal Representatives, Power of Attorney)

If you become unable to manage your own financial affairs, who would you want to manage things in your place? Note: You can name just one person to serve alone or you can name two or more to act together. Also, you may want a professional to serve, such as CPA or Corporate Fiduciary. **Note: If married/domestic partners, the spouse/partner is commonly the First Alternate.**

Agent	CLIENT #1		CLIENT #2	
First Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent
Second Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent
Third Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent

Health Care Decisions

If you are unable to make your own health care decisions, who would you want to make those decisions for you? **Note: If married/domestic partners, the spouse/partner is commonly the First Agent.**

Agent	CLIENT #1		CLIENT #2	
First Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent
Second Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent
Third Agent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent		<input type="checkbox"/> Acting Together <input type="checkbox"/> Acting Independent

CONFIDENTIAL FINANCIAL SUMMARY

Description	CLIENT #1	CLIENT #2
Where currently employed?		
Monthly Income		

Retirement Income

Description	CLIENT #1	CLIENT #2
From where retired?		
If retired, how much Social Security/Pension/RMD/Disability		

Real Estate Ownership

Street Address (list primary home first)	Purchase Price	Mortgage Balance	Current Market Value
1.			
2.			
3.			
4.			
Totals	\$ _____	\$ _____	\$ _____
(List additional property in the notes on page 8.)			Note: Enter this amount under "Real Estate" in the "Asset Summary" below

Asset Summary

Current Estate Values for Purpose of Estimating Tax and Cost of Estate Settlement at Death:

Description	CLIENT #1	CLIENT #2	Jointly-Held Assets
Real Estate (Total from previous section)			
Cash, Checking, Money Market Accounts			
Savings, CD's (Do not include IRA's [see below for "Qualified Funds"])			
Stocks and Securities			
U.S. Savings Bonds, Notes, Bills			
Mutual Funds, Municipal Bonds			
Qualified Funds: Include IRA's, Pensions, 401K Plans, TSA's, etc.			

Cont.

Description	CLIENT #1	CLIENT #2	Jointly-Held Assets
Life Insurance: List both cash value and death benefit for each. List company and policy number for each.			
Motor Vehicles, include boats, RV's, etc.			
Personal Property, include: household furnishings, Jewelry, collectibles, recreation equipment, show animals, hobby supplies, coin collections, etc.			
Loans Receivable: This is money owed to you. Include money owed by children or other family			
Prospective Inheritance: If parents are still living, include your proportionate share of their current estate, regardless of their age or health.			
Business Ownership, include any professional practice, LLC, LLP, Corporation, Trade Association, or any business entity			
Business Equipment, include any personally owned business equipment, inventory, and machinery			
Other Assets (not included above)			
Total Assets	\$	\$	\$

Liabilities

Description	CLIENT #1	CLIENT #2	Jointly-Held Assets
Mortgages: List any type of debt secured by a lien on real estate, including home improvement loans, etc.			
Auto Loans			
Credit Loans			
Personal Debts to Banks, Finance Cos.			
Personal Debts to Individuals, Others			
Amount Borrowed on Life Insurance			
Total Liabilities			

Net Worth

Subtract Total Liability from Total Assets	\$	\$	\$
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Government Benefits

Description	CLIENT #1	CLIENT #2
Receiving benefits (disability, medicaid, etc.)?		
Anticipating applying for benefits in the next 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inheritance Planning

In our consultation, we will discuss any specific distributions and personal items you want addressed in your planning. Regarding everything else, however, what are your general objectives? Obviously, it is not possible to design a simple questionnaire that covers every situation. Simply ignore options that do not apply to your situation. For example, if you are not married or have no children, simply skip over those parts. Attach additional sheets as necessary. Check as many boxes as apply. If you are not sure, leave it blank and we will discuss the options during our meeting.

A percentage or amount to Charity “off the top”? If so, identify the charity or charities, along with the share or % of your estate to be distributed, in table below.

- ☐ If Married or in Domestic Partnership:
- ☐ All to Spouse or Partner, Then:
- ☐ All to Children in equal shares, Then:
 - ☐ To their spouses, Then:
 - ☐ To their descendants, Then:
 - ☐ Back to the other children/their descendants
- ☐ Portion to Spouse/Partner, Then:
 - ☐ To Children in equal shares, Then:
 - ☐ To their descendants, Then:
 - ☐ Back to the other children/their descendants
- ☐ If Single:
 - ☐ All to Partner or Others
 - ☐ All to children in equal shares, Then:
 - ☐ To their spouses, Then:
 - ☐ To their descendants, Then:
 - ☐ Back to the other children/their descendants
- ☐ To the persons who would normally receive my estate under state law (e.g. parents, then siblings, etc.)
- ☐ Other Distributions, in addition to or in lieu of the above? If so, use the table below.

Names of “Other Distribution” or “Charitable” Beneficiaries	Relationship	Share or % of Estate

Do you have any of the following professional advisors?

☐ Not Sure☐ Not Sure

Additional Information You Would Like To Share:

Additional Planning Considerations

Do you have any Firearms? ☐ Yes ☐ No

Owned by ☐ Client 1 ☐ Client 2 ☐ Both

If yes, is the value of the firearms more than \$10,000 in value? ☐ Yes ☐ No

	CLIENT #1	CLIENT #2	JOINTLY OWNED
Number of Vehicles Owned (Include all vehicles including ATV, PWC, Boats, RV, Golf Cart and vehicles used by children you own.)			

Help Us Understand What Is Important To You

Please indicate if the following statements are important, neutral, or not important.

	Important	Neutral	Not Important
Ensuring that I don't lose control of my assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that I don't lose access to my assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid becoming a Burden to my loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting assets from creditors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting myself or another from nursing home costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting children from creditors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for those with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protecting inheritance from Parents from risk of loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing tax burden to family after I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>