

ESTATE PLANNING QUESTIONNAIRE

Would you like a Will? or a Revocable Trust? (Please check one—If you are unsure, call our office for assistance)

PERSONAL INFORMATION

Full Name (as it appears on legal documents)		Date of Birth
Home Address		County of Residence
Home Telephone Number	Work Number	Mobile Number

SPOUSE'S INFORMATION

Full Name (as it appears on legal documents)		Date of Birth
Work Number	Mobile Number	

Do you or your spouse own any real estate? Yes No

If Yes, how is it titled and where is it located? _____

Additional properties? _____

Do you or your spouse own a business? Yes No

If Yes, what is the name and location? _____

What type of entity is it (Sole Proprietorship/Corporation/LLC)? _____

Do you have one or more of the assets listed below? (Select one or more) Please note: If you have chosen Revocable Trust, the titles or beneficiary designations of many of these assets will be required to be transferred.

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Savings/Checking Account | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Investment Accounts | <input type="checkbox"/> Retirement/IRA/401K | <input type="checkbox"/> Annuity |

Do you have primary and secondary beneficiary designations on all IRAs, 401Ks and Insurance Policies? Yes No

Do you currently have an estate plan in effect? Yes No

What is your primary goal for creating an estate plan? (Select one or more)

- | | | |
|--|--|---|
| <input type="checkbox"/> Probate Avoidance | <input type="checkbox"/> Federal Estate Tax Planning | <input type="checkbox"/> Guardianship for Minor Children |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Simplify Procedures after Death | <input type="checkbox"/> Planning for Special Needs Beneficiary |
| <input type="checkbox"/> Privacy | <input type="checkbox"/> Other: _____ | |

CHILDREN'S INFORMATION

Do you have children? Yes No If yes, please list information about your children in the boxes below.

Do you expect to have any or additional children in the future? Yes No

CHILDREN FROM CURRENT MARRIAGE

Full Name	Date of Birth

CHILDREN FROM A PREVIOUS MARRIAGE

Full Name	Birth Parent (You or Spouse)	Date of Birth

DISABLED OR SPECIAL NEEDS CHILDREN

Full Name	Date of Birth

Does any child receive government assistance or will he/she in the future? Yes No

PLAN OF DISTRIBUTION

Please list specific gifts you or your spouse would like to give to certain individuals. If you have none, skip this section.

Description of Item	Full Name of Recipient	Alternate Recipient

To whom would you like to leave to the remainder of your estate? If spouse is first, just write "spouse".

Full Name	Relation	Percentage	In Trust (Y/N)?

SPOUSE'S BENEFICIARIES (If different from above)

Full Name	Relation	Percentage	In Trust (Y/N)?

If one or more of your beneficiaries does not survive you, how should his/her portion be distributed (to his/her children or heirs, divided equally among the remaining beneficiaries, or to some other individual or organization)?

Assuming trust funds are established for minor children, at what age(s) do you wish funds to be distributed? _____

Or, should the funds be held in trust for their entire life? Yes No

Do you have certain conditions regarding testamentary trusts? If so, please describe below.

Do you wish to "disinherit" anyone? Yes No

If Yes, please list full name(s) and relation: _____

APPOINTMENTS

PERSONAL REPRESENTATIVE (EXECUTOR)

This person distributes your estate upon death. The Alternate Executor steps in to administer estate if executor is unable or unwilling. Please list individuals in order. If you would like two or more individuals to serve at this appointment together, please note this. If you would like to name your spouse first, please just write "spouse".

Personal Representative(s)	Relation	Address

SPOUSE'S PERSONAL REPRESENTATIVE (If same as above, please write "same as above".)

Personal Representative(s)	Relation	Address

PRIMARY TRUSTEE(S) (For Trusts Only)

Manages your trust now. This is usually you, or you and your spouse, unless otherwise noted.

Primary Trustee(s)	Relation	Address

SUCCESSOR TRUSTEE(S) (For Trusts Only)

Manages your trust upon incapacity/death of Primary Trustee(s). If you would like two or more individuals to serve together, please note this.

Successor Trustee(s)	Relation	Address
Alternate Successor Trustee(s)	Relation	Address
Second Alternate Successor Trustee(s)	Relation	Address
Third Alternate Successor Trustee(s)	Relation	Address

GUARDIAN(S) FOR MINOR CHILDREN

This should be a responsible adult who will care for your children if something happens to you. Please list individuals in order. If you would like two or more individuals to serve together, please note this.

Full Name	Relation	Address

TRUSTEE(S) FOR TESTAMENTARY TRUST(S)

Manages inheritance placed in trust (may be same as Guardian). Please list individuals in order. If you would like two or more individuals to serve together, please note this.

Full Name	Relation	Address

FINANCIAL AGENT(S)

Manages your finances for you now or when you cannot. Please list individuals in order. If you would like two or more individuals to serve together, please note this. If you would like to name your spouse first, please just write "spouse".

Full Name	Relation	Address

SPOUSE'S FINANCIAL AGENT(S)

It is recommended that you and your spouse choose the same individuals as agents for financial decisions. However, if your spouse would like different individuals, please list them here. If same as above, please write "same as above".

Full Name	Relation	Address

AGENT(S) FOR YOUR ADVANCE DIRECTIVE FOR HEALTH CARE

Makes decisions regarding your health care for you when you cannot. Please list individuals in order. If you would like two or more individuals to serve together, please note this. If you would like to name your spouse first, please just write "spouse".

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

Alternate:

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

Second Alternate:

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

SPOUSE'S HEALTH CARE AGENT(S)

If same as above, please write "same as above".

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

Alternate:

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

Second Alternate:

Full Name		Address	
Home Telephone Number	Work Number	Mobile Number	

QUESTIONS TO CONSIDER REGARDING YOUR ADVANCE DIRECTIVE FOR HEALTH CARE:

Do you want your health care agent(s) to have the power to authorize an autopsy? Yes No

Do you want them to have the power to make a disposition of your body for use in a medical study program? Yes No

Do you want them to have the power to donate your organs? Yes No

Do you wish for your body to be buried? or cremated? (Please check one)

If you are in an incurable or irreversible terminal condition that will result in your death in a relatively short period of time, would you like to extend your life for as long as possible? Yes No

If you are in a permanent state of unconsciousness, would you like to extend your life for as long as possible? Yes No

Or allow your natural death to occur? Yes No

Do you wish to receive pain relief medication? Yes No

Do you wish to receive nutrition by tube? Yes No

Do you wish to receive fluids by tube? Yes No

Do you wish to receive a ventilator? Yes No

Do you wish to receive CPR? Yes No

Do you have any other special requests, instructions or final wishes? If so, please list below:

ADDITIONAL QUESTIONS OR COMMENTS