
Estate Planning Questionnaire

This confidential questionnaire is intended to guide our first discussion regarding your estate plan. Please take some time to discuss the questions with your spouse, family, or loved ones.

It is okay if you are not sure of the answer to every question, just please make an effort to think through the issues presented. Any questions or concerns that arise can be covered when we meet. While it may seem redundant, it is important that each spouse fill out their own questionnaire.

Last name(s): _____

General Information

Name: First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Website: _____

Previously Married? (Yes ___ / No ___) (___ # of Previous Marriages)
Dates? _____

Divorce Decree/Separation Agreement? (Yes ___ / No ___)
-If yes, please bring document(s) to our meeting.

Widow(er)? (Yes ___ / No ___)

Country of Citizenship? _____

Have you previously made a Will/Trust/Power of Attorney? If yes, please explain below and bring documents to our meeting.

Will your assets, including life insurance, investments, jointly held property and bank accounts, and anticipated inheritances exceed \$1,000,000? I have attached a financial worksheet to help you estimate your assets. (Yes ___ / No ___)

Last name(s): _____

Spouse's Information

Name: First: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Website: _____

Previously Married? (Yes: ___ / No: ___) (___ # of Previous Marriages)
Dates? _____

Divorce Decree/Separation Agreement? (Yes: ___ / No: ___)
-If yes, please bring document(s) to our meeting.

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Last name(s): _____

Children

Children of this Union: Include all children (living or passed) regardless of whether you want to include the child in your estate plan.

Name	Address	Gender	Birthdate	Natural/ Adopted	Marital Status	# of Child's Children

Children NOT of this Union: Include all children (living or passed) regardless of whether you want to include the child in your estate plan.

Name	Address	Gender	Birthdate	Natural/ Adopted	Marital Status	# of Child's Children

Last name(s): _____

Specific Gifts

The residuary estate discussed below consists of what remains after specific gifts of real and personal property, money, or cash have been disposed of. If you would like to distribute real or personal property to a specific person or persons, please indicate below.

Are there to be specific gifts of real property? (Yes: ____ / No: ____)

-If yes, please describe the beneficiaries and the property in the table below. Lapse means that if the beneficiary of the property were to predecease you, the gift would become part of the residuary estate as opposed to passing to the beneficiary's heirs.

Beneficiary	Property Description	Lapse?

Are there to be specific gifts of cash? (Yes: ____ / No: ____)

-If yes, please list the beneficiaries and the amounts in the table below. Lapse means that if the beneficiary of the property were to predecease you, the gift would become part of the residuary estate as opposed to passing to the beneficiary's heirs.

Beneficiary	Amount	Lapse?

Are you subject to any agreement (e.g., a separation agreement, divorce judgment, prenuptial agreement, partnership agreement, shareholders agreement, community property agreement, etc.) which restricts your control over the distribution of your assets? (Yes: ____ / No: ____)

If yes, please explain:

Last name(s): _____

The Residuary Estate

The residuary estate is everything that is left after all of the specific gifts listed on the previous page have been distributed. Typically the residuary estate is given to the remaining spouse, and if your spouse predeceases you, the residuary estate is divided into equal shares for each of your children. Per stirpes means that if one of your children was to predecease you, that child's share would be given to that child's children (your grandchildren).

The residuary estate is to be distributed as follows: (check one)

- To the spouse outright; but if spouse predeceases, to the children per stirpes.
- OR- To the spouse outright; but if spouse predeceases, to other beneficiaries as described below:
- OR- A minimum bequest to spouse (disinheriting spouse to the extent permitted by law), and the balance to the children per stirpes.
- OR- A minimum bequest to spouse (disinheriting spouse to the extent permitted by law), and the balance to other beneficiaries as described below:
- OR- Some other distribution as described below:

Should all of the beneficiaries listed above predecease you, you should designate alternative beneficiaries. The alternative beneficiary may be an individual, entity, or group of people (such as parents, or siblings), and you can designate a series of successor alternate beneficiaries:

How old must a beneficiary be to receive a bequest?

18: 21: Other: (selecting an age above 21 may require a trust to be created)

If a beneficiary is a minor, are bequests to the child to be: (check one)

- paid, at the election of the personal representative (which you will select on the next page), to the child, a guardian, or a custodian.
- OR- held in trust [by a trustee OR the personal representative] until the child reaches the age you specified above.

Last name(s): _____

Administration

A Personal Representative is appointed to ensure your debts are paid and your assets are delivered to the individuals you designate in your will. If you have a trust, this person is called a Co-Trustee or Successor Trustee. In either situation, the surviving spouse generally fulfills this role. However, when the surviving spouse dies, this role needs to be filled by another person. Generally this individual will also be your agent in your financial durable power of attorney. This person should be capable of making important decisions on your behalf soon after your death. Therefore, you should take care to nominate a person who you are confident can think and act clearly under stressful conditions. Please specify a primary and alternate to serve if you and your spouse have both passed. Ensure the individuals' contact information is included on page 12, under "Important People's Contact Information."

Would you like your spouse to serve in this capacity? (Yes: ____ / No: ____)

Primary: _____ Relationship to you: _____

Secondary: _____ Relationship to you: _____

Do you want to disinherit anyone from receiving any property under your will?
(Yes: ____ / No: ____) If yes, please describe below:

FUNERAL ARRANGEMENTS: (check one)
No preference at this time: ____ Cremated: ____ Buried: ____

Please specify any additional funeral instructions, including any prepaid arrangements you have purchased:

Last name(s): _____

Guardianship of Children

If you have any children who are under 18, you should name guardian(s) to care for your children in the event that both natural parents have died. Ensure the individual's contact information is included on page 12, under "Important People's Contact Information."

If there are minor children, you would like to appoint: (check one)

- one guardian
- OR- one guardian and one or more successor guardians
- OR- two co-guardians
- OR- no guardian is to be appointed in this Will
- OR- different guardians are to be appointed for different children as described in the lines below:

Primary Guardian (if any): _____ Relationship to you: _____

Primary Co-Guardian (if any): _____ Relationship to you: _____

Successor Guardian (if any): _____ Relationship to you: _____

Successor Co-Guardian (if any): _____ Relationship to you: _____

If a guardian is to be appointed, should the guardian also be appointed as the conservator of the children's property? (Yes: / No:)

If different guardians are to be appointed for different children, please describe below:

Last name(s): _____

Health Care Decisions

A durable health care power of attorney allows you to appoint a person to make future healthcare decisions for you in the event that you are incapacitated or otherwise cannot make those decisions for yourself. Generally your spouse should be appointed in this role. Please specify a primary and alternate to serve if you and your spouse have both passed. Ensure the individuals' contact information is included on page 12, under "Important People's Contact Information."

Would you like your spouse to serve in this capacity? (Yes: ____ / No: ____)

Primary: _____ Relationship to you: _____

Secondary: _____ Relationship to you: _____

Additional alternates:

Are there any significant or immediate health concerns for you or your family members?

Mental Health Care Power of Attorney

If you are found to be incapable of making your own mental health treatment decisions, you may designate someone to make those decisions on your behalf. Please specify a primary and alternate to serve if you and your spouse have both passed. Ensure the individuals' contact information is included on page 12, under "Important People's Contact Information."

Would you like your spouse to serve in this capacity? (Yes: ____ / No: ____)

Primary: _____ Relationship to you: _____

Secondary: _____ Relationship to you: _____

Additional alternates:

Last name(s): _____

Living Will

A living will controls the health care treatment decisions that can be made on your behalf. A living will limits a health care power of attorney by allowing you to make certain decisions about what should happen if certain conditions exist. You may simply allow the person you name above to make these decisions through your health care power of attorney, or you can make them yourself through a living will. Below are some of the ways to articulate the different circumstances. Please think through these circumstances and come prepared to discuss your wishes at our first meeting.

1. If I have a terminal condition I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.
2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:
 - (a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.
 - (b) Artificially administered food and fluids.
 - (c) To be taken to a hospital if at all avoidable.
3. Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.
4. Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.
5. I want my life to be prolonged to the greatest extent possible.

Last name(s): _____

Financial Power of Attorney

A financial power of attorney allows you to name an agent to make financial decisions on your behalf. This power may be exercisable now or at some point in the future if you become unable to make your own decisions. Please specify a primary and alternate to serve if you and your spouse have both passed. Ensure the individuals' contact information is included on page 12, under "Important People's Contact Information."

Would you like your spouse to serve in this capacity? (Yes: ___ / No: ___)

Primary: _____ Relationship to you: _____

Secondary: _____ Relationship to you: _____

I would like the power exercisable: (check one)

___ Now
-OR- ___ Upon my incapacity

Specific Powers:

This power of attorney will allow your agent to conduct most of your personal and financial affairs. However, certain powers require special mention in order to be effective. Please select the additional powers, if any, that you wish to grant (check all that apply):

___ Taxes: to deal with federal, state, and local tax matters (e.g. file tax returns, deposit refund checks)

___ IRAs & other retirement accounts: to manage, contribute, and withdraw as needed

___ Trusts: to make contributions or revocations to/from an already existing trust
(Name of trust: _____)

___ Real Property: to deal with matters affecting a specific parcel of real estate (e.g., refinancing, sale/purchase/lease, etc.) List property by address or legal description:

Last name(s): _____

Other Important People

Please provide the contact information for any individuals you have identified above in the section below:

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Name: First: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____

Last name(s): _____

Financial Worksheet

This worksheet is provided as a tool so that you can get an estimate of your current financial situation. My recommendation as to the most appropriate estate plan will depend on the value of your estate. This document will also provide your personal representative or successor trustee a great resource when carrying out their duties. Individuals often undervalue their estates.

ASSETS

[For each item state the location of the asset (name, address and account number), title holder, date of acquisition/opening, estimated value, amount of any unpaid mortgage/lien, and any other relevant information. If any asset is held jointly with the spouse or another, so state, and set forth your respective shares.]

Cash accounts:

Checking:

Savings:

Other:

Last name(s): _____

Securities:

Bonds, notes, mortgages (obligor, maturity date, principal amount):

Stocks, options and commodity contracts:

Transfer on Death (TOD) accounts:

Brokerage accounts (broker and credit balance):

Other:

Last name(s): _____

Loans to others and accounts receivable from others:

Interest in any business (name and address of company, whether it is a corporation, partnership, sole proprietorship or trust, your capital contribution, net worth of the business, percent of your interest, and any other information):

Life insurance (amount, carrier, policy number, beneficiary):

Vehicles (auto, boat, plane, truck, campers, etc.):

Real estate (include all types of interests such as leaseholds, life estates, etc., and identify any mortgage by the amount, account number and holder):

Last name(s): _____

Pension plans and retirement accounts:

Household furnishings (estimated value):

Jewelry, furs, art, antiques, precious objects, gold and precious metals:

Other assets (e.g., collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, and any other assets not herein above itemized):

TOTAL ASSETS \$ _____

Last name(s): _____

LIABILITIES

[For each item state the purpose, date of incurring debt, debtor, creditor, original and current amount of debt, and any other relevant information. If jointly with the spouse or another, so state, and set forth your share.]

Accounts payable (credit cards, security agreements, chattel mortgages, broker margin accounts):

Notes payable:

Mortgages payable on real estate:

Last name(s): _____

Loans on life insurance policies:

Other liabilities:

TOTAL LIABILITIES \$ _____

NET WORTH (Assets minus Liabilities) \$ _____

[NOTE: Attach to this statement a summary of any information which your personal representative would find useful when administering your estate, such as the locations of safe deposit boxes and other assets, the names of financial and personal advisers and persons familiar with your assets, etc.]