

Estate Planning Questionnaire

This questionnaire consists of questions related to your estate planning. It is designed to streamline the estate planning process by supplying information that is generally required to begin your estate plan and complete any documents. Please provide names as you want them to appear in your estate planning documents.

1. Contact Information

Wife

Full Legal Name: _____

Name you go by: _____

DOB: _____

U.S. Citizen? Yes _____ No _____

County of Residence: _____

Husband

Full Legal Name: _____

Name you go by: _____

DOB: _____

U.S. Citizen? Yes _____ No _____

County of Residence: _____

How do you want us to contact you?
(complete only those that are appropriate)

Home Address: _____

Home Phone: _____

Fax: _____

Email: _____

Mobile Phone: _____

Work Phone: _____

Work Address: _____

Fax: _____

Email: _____

Mobile Phone: _____

Work Phone: _____

Work Address: _____

Were you previously married:

Wife ____ Yes ____ No

Were you previously married:

Husband ____ Yes ____ No

2. Children. Please list all children (from prior marriages also). If there are children from a prior marriage, indicate which are his, hers, or ours.

<u>Name(s) of Child(ren)</u>	<u>Date of Birth</u>	<u>His, Hers, Ours</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Power of Attorney. The purpose of the financial power of attorney is to name an agent to handle your financial affairs. This is designed to avoid a costly guardianship proceeding in the event of your incapacity. Usually the spouse is named as the designated agent. Whom do you want to serve as your agent? Please indicate a successor in case your designated agent is unable to serve.

<u>Husband</u>	<u>Wife</u>
Agent: Wife ____ Yes ____ No (If no, name of agent): _____	Husband ____ Yes ____ No _____
1st Successor: _____	_____
Address: _____ _____	_____
Telephone: _____	_____
2nd Successor: _____	_____
Address: _____ _____	_____
Telephone: _____	_____

Please provide a copy of the deed to the house you own, any other real estate you own, and any timeshare properties you own.

4. Health Care Power of Attorney. A Health Care Power of Attorney designates an agent who may make health care decisions for you in the event of your incapacity. Again, the spouse is usually named as the agent. Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

<u>Husband</u>	<u>Wife</u>
Agent: Wife ____ Yes ____ No (If no, name of agent): _____	Husband ____ Yes ____ No _____

1st Successor: _____

Address: _____

Telephone: _____

2nd Successor: _____

Address: _____

Telephone: _____

5. Directive to Physicians. The Directive to Physicians directs that in the event you are diagnosed with a terminal or irreversible condition and artificial procedures are needed to sustain your life, you can provide instructions regarding whether such life sustaining procedures are to be continued or not. If you are incapacitated at the time such procedures are under consideration, you may also designate a person who is to be consulted with regard to other treatment decisions.

Do you desire a Directive to Physicians?

Husband

Wife

____ Yes ____ No

____ Yes ____ No

6. Appointing a Guardian. If you have children under 18, the guardian is an individual or couple whom you prefer to raise your children in the event both of you should pass away. If confirmed by the court, the guardian generally will receive distributions from your trustee for the support, maintenance, health and education of your children. Whom do you want to appoint as guardian to raise your children if both of you pass away? Please indicate a successor if the person initially named is unable to serve.

Guardian: _____

Address: _____

Telephone: _____

1st Successor: _____

Address: _____

Telephone: _____

2nd Successor: _____

Address: _____

Telephone: _____

7. Organ Donation. While making similar decisions, you may want to also consider this important and very personal decision at this time. Are you interested in organ donation?

Husband

Wife

____ Yes ____ No

____ Yes ____ No

8. Executor. The Executor is the person you appoint to settle the affairs of your estate. Frequently, the surviving spouse is named as the Executor, either alone or with a co-executor. If the surviving spouse can not or does not want to act as Executor, adult children, a bank, another relative, or a very reliable and long time friend may be named as Executor. Whom do you want to appoint as Executor of your estate? Please indicate successors in case the person initially named is unable to serve.

Husband's Will

Wife's Will

Wife ____ Yes ____ No

Husband ____ Yes ____ No

(If no, name of executor):

1st Successor: _____

Address: _____

Telephone: _____

2nd Successor: _____

Address: _____

Telephone: _____

9. If you own property in another state, please describe the property and indicate the state or states in which it is located:

Husband: _____

Wife: _____

10. If you are a beneficiary under a trust established by someone other than yourself, please indicate the nature of your beneficial interest:

Husband: _____

Wife: _____

11. If you are a beneficiary under someone else's will or trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power:

Husband: _____

Wife: _____

12. Do any of your beneficiaries or heirs receive (or are likely to receive in the future) government assistance because of a disability?

Yes _____

No _____

Unsure _____

IMPORTANT FAMILY QUESTIONS	YES	NO
Do any of your children receive governmental support benefits?		
Do you have adopted children?		
Do any of your children have special educational, medical or physical needs?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have you or has your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please forward copies of any such agreements.)		
Have you or has your spouse been widowed? (If a federal estate return or a state death tax return was filed, please forward a copy.)		
Have you and your spouse ever signed a pre- or post-marriage contract? (Please forward copies of any such agreements.)		
Have you or has your spouse ever filed federal or state gift tax returns? (Please forward copies of any such returns.)		
Have you or has your spouse completed a previous will, trust, or estate plan? (Please forward copies of all current estate planning documents.)		
Have you banked any genetic material?		
Do you own or operate a family business?		
Are there any charities or causes which you would like to support?		
Do you have a safe deposit box? If so, where?		

If you have answered “YES” to any of these questions or have any SPECIAL concerns, please share any details which you think would be helpful.

FINANCIAL INFORMATION

Ownership, or how you hold title to property, is extremely important. In the ownership column below, indicate how title to each asset is held using the following designations:

- “C” = Community Property
- “J” = Joint Tenants With Right of Survivorship
- “W” = Wife’s Separate Property
- “H” = Husband’s Separate Property

ASSET	VALUE	OWNER
Cash Accounts (Checking, Savings, Money Market, CD’s)		
Husband’s Retirement Plans (IRA’s, 401(k), Roth IRA)		
Wife’s Retirement Plans (IRA, 401(k), Roth IRA)		
Investment Accounts		
Publicly Traded Stock		
Bonds		
Home		
Other Real Estate (Vacation House, Rental Property)		
Mineral Interests (Oil, Gas, Ore, etc.)		
Annuities		
Notes & Receivables (Money Owed to You)		
Business Interests (Partnerships, Family Business)		
Motor Vehicles		
Personal Property (Jewelry, Collections, Furnishings, etc.)		
Husband’s Life Insurance (Death Benefit)		
Wife’s Life Insurance (Death Benefit)		
Anticipated Gifts & Inheritance		
Other Assets (Stock Options, etc. - specify)		
LIABILITIES		
Mortgages		

Accounts Payable		
Loans Against Life Insurance		
Other Obligations		
NET ESTATE		

Are you or your spouse anticipating any inheritance within the next 5-10 years? If so, please estimate the amount.

\$ _____

I/We certify that the assets and approximate values shown are complete and correct. I/We understand that planning advice may change if this is not true; advice given, if any, will be based on the information provided.

GOALS LIST

Estate planning should always address *your* goals and objectives. Please circle those issues that concern you. Write any other goals on the back side of this page. **Then number the circled goals in priority order.** Number 1 is first priority.

Print Your Name

- a. I want a comprehensive estate plan which includes my own health care plan.
- b. I want to plan for my elderly parents.
- c. I want to preserve my privacy.
- d. I want to reduce estate and death taxes.
- e. I want to avoid probate and minimize settlement expenses for my family.
- f. I want to plan for disability of me or my spouse and avoid court guardianship.
- g. I want to avoid placement in a nursing home by planning for in-home health care if possible.
- h. I want to protect my child's or children's inheritance in the event my surviving spouse chooses to remarry after my death.
- i. I want to protect my child or children from their failed marriage by preventing their divorced spouse from taking my child's or children's inheritance.
- j. I want to plan for my child or children from a previous marriage.
- k. I want to protect the inheritance of my minor or disabled child, children, grandchild or grandchildren and avoid court oversight.
- l. I want to disinherit one or more of my children or other family members.
- m. I want to plan for my grandchild or grandchildren directly rather than have them ultimately receive their parent's share of my estate.
- n. I want to plan the transfer and survival of the family business.
- o. I have one or more pets that should be protected and cared for.
- p. I want to plan to eliminate the estate tax on my life insurance so that all proceeds can pass to my heirs estate tax free.
- q. I want to consider a gift to charity today which pays me a lifetime income and/or avoids capital gains tax.
- r. I want to control who will make health care decisions for me in the event of my incapacity.
- s. I want to plan for a child or children with disabilities or special needs.
- t. I want to leave an endowment for my church or one or more favorite charity.
- u. I want to set up a way to protect my assets from creditors.
- v. Other _____

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