

Estate Planning Questionnaire



Using this Questionnaire will assist us in designing an Estate Plan that meets your goals and wishes.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Please return the completed Questionnaire to our office prior to your appointment via email, fax or traditional mail.

This questionnaire and information is for informational purposes only. It is not intended as, and does not constitute, legal advice or a solicitation for the formation of an attorney-client relationship. No attorney-client relationship is created through your receipt of these materials or our receipt of your information contained therein.

Part I
Personal Information

Husband's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ County of Residence _____

E-mail Address _____

Employer _____ Position _____

Date of Marriage _____

Wife's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ County of Residence _____

E-mail Address _____

Employer _____ Position _____

Children and Other Family Members

(Use full legal name. Use "B" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent)

Name	Birth date	Parent or Relationship
1. _____	_____	_____

Comments: _____

2. _____	_____	_____
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Comments: _____

3. _____	_____	_____
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Comments: _____

4. _____	_____	_____
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Comments: _____

5. _____	_____	_____
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Comments: _____

Advisors

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Health / Disability/ Long Term Care Agent _____	_____
Homeowner/Renter and Auto Insurance Agent _____	_____

Your Concerns

Please rate the following as to how important they are to you:
(H high concern, S some concern, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		
Other Concerns (Please list below):		

Important Family Questions

	Husband	Wife
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) <u>providing</u> benefits or payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Are you (or your spouse) <u>receiving</u> benefits or payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married, have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have you (or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? Circle any that apply. <i>California, Arizona, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Additional Information

Asset Information

Real Property

List any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance (\$) & Interest Rate (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

Furniture and Personal Effects

List separately only major personal effects such as jewelry, collections, antiques, or other valuable personal property

Items	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

Automobiles, Boats, and RVs

For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value:

Bank Accounts

TYPE: Checking Account "C", Savings Account "S", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

Stocks and Bonds

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds or Investment Accounts	Acct. Number	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Retirement Plans

TYPE: IRA, 401(k), Pension, Profit Sharing, etc. **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

	Total	_____

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance Co.	Type of Policy	Death Benefit	Who is Insured?	Policy Owner	Beneficiaries	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
					Total	_____

Safe Deposit Box

Do you have a Safe Deposit Box?

Location _____ **How Title is Held** _____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

Money Owed To You

If any money is owed to you, please indicate:

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

Anticipated Inheritance, Gift, or Lawsuit Judgment

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

Other Assets

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

IncomeWhat are your current sources of **Income** (approximate)?

<i>Sources of Income</i>	<i>Monthly Amount (Gross)</i>
Salary/Earnings	\$
Interest	
Dividends	
Real Estate	
Business Entities	
Retirement Accounts	
Social Security	
Other (please describe):	

Total Monthly Income = _____ (A)

What are your current **Personal Expenses** (approximate)?

<i>Personal Expenses</i>	<i>Monthly Amount</i>
Living Expenses (e.g., utilities, health insurance, dining, clothing, car payments, recreation, travel, etc.)	\$
Mortgage/Loan	
Property Taxes	
Life Insurance Premium	
Federal and State Income Taxes	
Other (please describe):	

Total Monthly Personal Expenses = _____ (B)

C. Total annual income you (and your spouse) earn (total from line A multiplied by 12): \$ _____

D. Total annual expenses you (and your spouse) incur (total from line B multiplied by 12): \$ _____

E. Line C minus line D. **ANNUAL NET CASH FLOW =** \$ _____

Part III
Design Information

PERSONS/HELPERS TO ACT FOR YOU:

GUARDIAN FOR MINOR CHILDREN: If you have children under the age of 18, list who you wish to be Guardian of their 'person'.
Would you like the same person(s) to be guardian of your children's assets and finances?

Name and Address	Relationship
_____	_____
_____	_____

INITIAL TRUSTEE(S): Usually yourself.

Name and Address	Relationship
_____	_____
_____	_____

DISABILITY TRUSTEE / POWER OF ATTORNEY:

If you were unable to make decisions for yourself, who would you want to make decisions for you regarding your property and assets?

For Husband

Name and Address	Relationship
1) _____	_____
2) _____	_____
_____	_____

For Wife

Name and Address	Relationship
1) _____	_____
2) _____	_____
_____	_____

Do you want to authorize your Trustee or Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband: Yes No

Wife: Yes No

Gift Power Details: _____

Who should make the difficult decision that you are incapacitated regarding your ability to handle your own finances/assets? Typically, it would be your physician or two physicians. You could also name your spouse or adult child along with physician(s) (or someone else):

DEATH TRUSTEE: After your death, who do you want carrying out your instructions for distribution to and, if desired, management of assets for your beneficiaries? If these are different for each spouse, who would be the Trustee for any ongoing Trust (ex., for children or grandchildren)?

For Husband

Name and Address

Relationship

1) _____

2) _____

For Wife

Name and Address

Relationship

1) _____

2) _____

HEALTH CARE: If you were unable to make health/medical decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

For Husband

Name and Address

Relationship

1) _____

2) _____

For Wife

Name and Address

Relationship

1) _____

2) _____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Husband: Yes No

Wife: Yes No

Do you want to provide that your organs and tissues should be made available for transplant/research/academic purposes?

Circle any desired or none: _____

Do you want to authorize your Health Care Agent to take whatever steps are reasonably necessary to keep you in a personal residence rather than nursing home? **Husband:** Yes No **Wife:** Yes No

Desire for burial or cremation (or tbd)? _____

DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

Who should personal property be distributed to?

- FOR HUSBAND:** Spouse, then children equally. Children
 Spouse, then other named individuals. Other named individuals: _____
- FOR WIFE:** Spouse, then children equally. Children
 Spouse, then other named individuals. Other named individuals: _____

SPECIFIC GIFTS: If you would like to list any specific gifts (real estate, cash gifts, or other items) you wish to make to either individuals or charities, please list below. Also indicate whether these gifts are to be made even if the other spouse is alive.

FOR HUSBAND:

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?

FOR WIFE:

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?

PROVIDING FOR THE SURVIVING SPOUSE UPON DEATH OF FIRST SPOUSE TO DIE

Will be discussed in person...

Do you want the surviving spouse to be able to modify the way property is distributed upon the surviving spouse's death?

If so, to whom may the surviving spouse distribute your property:

- Your descendants
- Your descendants and their spouses
- Your descendants and charities
- Your descendants, their spouses and charities
- Anyone, no limitations

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DIVIDE EQUALLY BETWEEN MY/OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN

DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE MY/OUR PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators, or from themselves.

STRUCTURED TRUST: You determine how long the property is to remain in trust. During the period of time the property is held in trust it may be used for the beneficiary's needs (health, education, maintenance and support). You may give written instructions to the trustee outlining guidelines to follow in determining the beneficiary's needs. You may provide for a staggered distribution of principal. For example: 1/3 at age 30, 1/2 at age 35, and balance at age 40. You decide who will manage the property and carry out your distribution instructions. Does the beneficiary have a right to be a co-trustee and/or choose his or her own co-trustee? Please list your desires and wishes (we will discuss this, so don't worry if you're unsure):

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no beneficiary already listed above is alive to receive your property?

In the remote event no one listed above is alive to receive my property, I want my property distributed as follows:

One-half to Husband's heirs-at-law and one-half to Wife's heirs at law.

To the following named individuals and/or charities:

OTHER ITEMS TO INCLUDE OR DISCUSS: Your estate plan should address all your hopes, fears, and wishes. Please list any other items you want included or would like to discuss:
