



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

In order to assist us with the planning process, please complete the following Estate Planning Questionnaire. All information provided by you will be held in complete confidence. The information will be used solely for the purpose of analyzing your individual estate planning needs and for drafting your estate planning documents. While completion of this questionnaire is not mandatory, if the requested information is provided ahead of time, our meeting will be more efficient.

Please contact our office to schedule your initial meeting. At that time, we will determine your specific estate planning needs and goals and a quote on legal fees will be provided to you before you decide to authorize the completion of your estate plan. If you have an existing Will, Trust or pre-nuptial agreement, please bring those documents with you.

If you have any questions or need any additional information prior to our meeting, please do not hesitate to contact us.

BIOGRAPHICAL INFORMATION

Husband _____ Birth Date _____

U.S. Citizen Y N Previously Married Y N

Employer _____

Work Phone _____ Cell Phone _____

Wife _____ Birth Date _____

U.S. Citizen Y N Previously Married Y N

Employer _____

Work Phone _____ Cell Phone _____

Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ E-Mail _____

FAMILY INFORMATION

Children

1. Name _____ M F Birth Date _____

This Marriage Husband's Prior Marriage Wife's Prior Marriage Special Needs?

Spouse _____ Grandchildren _____

2. Name _____ M F Birth Date _____

This Marriage Husband's Prior Marriage Wife's Prior Marriage Special Needs?

Spouse _____ Grandchildren _____

3. Name _____ M F Birth Date _____

This Marriage Husband's Prior Marriage Wife's Prior Marriage Special Needs?

Spouse _____ Grandchildren _____

4. Name _____ M F Birth Date _____

This Marriage Husband's Prior Marriage Wife's Prior Marriage Special Needs?

Spouse _____ Grandchildren _____

FINANCIAL INFORMATION

Value of Assets	Owned Jointly	Owned by Husband	Owned by Wife	Total
Residence (less mortgage)				
Other Real Estate (less mortgages)				
Stocks, Bonds and Mutual Funds				
Cash in Banks				
Notes Receivable				
Vehicles and Boats				
Household Items and Personal Effects				
Retirement Plans (401K, 403B)				
IRAs, Roth IRAs, Rollover IRAs				
Annuities				
Business Interests				
Other Assets				
TOTALS				

LIFE INSURANCE

Company	Insured	Owner	Beneficiary	Face Amount	Annual Premium

APPOINTMENTS

These items will be discussed in more detail, however please list tentative designations below.

Executor

You should name a personal representative to carry out the terms of your Last Will and Testament. This person may be a spouse, adult child, relative or financial institution. (Frequently your spouse is the first choice for Executor. If so, you should still choose an alternate.)

Executor to be named in Husband's Will:

Spouse (if spouse, go to Alternate Executor)

Name _____ City _____ State _____

First Alternate Executor:

Name _____ City _____ State _____

Second Alternate Executor:

Name _____ City _____ State _____

Executor to be named in Wife's Will:

Spouse (if spouse, go to Alternate Executor)

Name _____ City _____ State _____

First Alternate Executor:

Name _____ City _____ State _____

Second Alternate Executor:

Name _____ City _____ State _____

Guardian

You should name a guardian if you have minor children. This person will have custody of the children, subject to Court approval. You may appoint the same or different person as trustee to hold your property and make your property available to your children.

Please indicate your choice for Guardian:

Name _____ City _____ State _____

First Alternate Guardian:

Name _____ City _____ State _____

Second Alternate Guardian:

Name _____ City _____ State _____

Trustee

A trustee is appointed to manage assets for your children (or other beneficiaries) until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the children's money invested and use it for their health, education and support until the children reach the age specified for outright distribution. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The trustee can be the same person named as the guardian.

Please indicate the Trustee of Husband's Trust:

Spouse (if spouse, go to Alternate Trustee)

Name _____ City _____ State _____

First Alternate Trustee:

Name _____ City _____ State _____

Second Alternate Trustee:

Name _____ City _____ State _____

Please indicate the Trustee of Wife's Trust:

Spouse (if spouse, go to Alternate Trustee)

Name _____ City _____ State _____

First Alternate Trustee:

Name _____ City _____ State _____

Second Alternate Trustee:

Name _____ City _____ State _____

Distributions to Your Children After Your Death

If your children are capable of managing their own inheritances, then you can have the Trust make an immediate distribution to them. However, if one or more of your children need management over their inheritances, then you can have the Trust continue for their health, education, care, support, etc., with distributions staggered over a period of years (e.g., 1/3 at age 25, 1/3 at age 30 and the remainder at 35).

Check which option you prefer for your trust:

- Immediate Distribution
- All at age _____
- 1/2 at age _____ and the remainder at _____
- 1/3 at age _____, 1/3 at age _____ and the remainder at age _____

Catastrophe Clause

If any one of your children should die before the complete distribution of their trust share, their share will pass to their children (your grandchildren), unless you prefer otherwise. If one of your children dies without leaving any surviving children of their own, then his or her share will pass to your other surviving children, in equal amounts. What happens if you should die and no children or grandchildren survive you?

Check one:

- Distribute one-half to each spouse’s family (i.e., father and mother, if living, otherwise to brothers and sisters).

<input type="checkbox"/> <u>Name of Beneficiary/Charity</u>	<u>Relationship</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Power of Attorney

Who should be named to make your financial decisions if you are unable to make these decisions yourself? (Frequently your spouse is the first choice of Power of Attorney. If so, you should still choose an alternate.)

Please indicate the Agent for Husband’s Power of Attorney:

- Spouse (if spouse, go to Alternate Agent)

Name _____ City _____ State _____

First Alternate Agent:

Name _____ City _____ State _____

Second Alternate Agent:

Name _____ City _____ State _____

Please indicate the Agent for Wife's Power of Attorney:

Spouse (if spouse, go to Alternate Agent)

Name _____ City _____ State _____

First Alternate Agent:

Name _____ City _____ State _____

Second Alternate Agent:

Name _____ City _____ State _____

Health Care Agent

Who should be named to make medical decisions on your behalf, including decisions regarding medical consents, nursing home admission, etc. if you are unable to make these decisions yourself?

Please indicate the Health Care Agent for Husband:

Spouse (if spouse, go to Alternate Agent)

Name _____ Address _____

City _____ State _____ Phone _____

First Alternate Agent:

Name _____ Address _____

City _____ State _____ Phone _____

Second Alternate Agent:

Name _____ Address _____

City _____ State _____ Phone _____

Please indicate your wishes regarding end of life decisions (If you are determined to be terminally ill or in a permanently unconscious state):

- I want my Agent listed above to have input regarding end of life decisions
- I want to sign a Living Will so I will not be kept alive by artificial measures

Please indicate wishes regarding organ and tissue donation:

- I want to be an organ donor
- I do not want to be an organ donor

Please indicate the Health Care Agent for Wife:

- Spouse (if spouse, go to Alternate Agent)

Name _____ Address _____
City _____ State _____ Phone _____

First Alternate Agent:

Name _____ Address _____
City _____ State _____ Phone _____

Second Alternate Agent:

Name _____ Address _____
City _____ State _____ Phone _____

Please indicate your wishes regarding end of life decisions (If you are determined to be terminally ill or in a permanently unconscious state):

- I want my Agent listed above to have input regarding end of life decisions
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- I want to be an organ donor
- I do not want to be an organ donor

MISCELLANEOUS

Please provide information regarding your other Advisors:

Accountant

Name _____

Address _____ Phone _____

If none, would you like more information on accountants we work with? Y N

Financial Advisor

Name _____

Address _____ Phone _____

If none, would you like more information on financial advisors we work with? Y N

Life Insurance Professional

Name _____

Address _____ Phone _____

If none, would you like more information on life insurance professionals we work with? Y N

I would like information on the following:

- Nursing Home/Assisted Living
- Burial/Funeral Instructions
- Pre-Arranged Funeral
- Other

Notes: _____
