



## **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**

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ U.S. Citizen  Y  N Previously Married  Y  N

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FAMILY INFORMATION**

**Children**

1. Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

Prior Marriage  Special Needs?

Spouse \_\_\_\_\_ Grandchildren \_\_\_\_\_

2. Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

Prior Marriage  Special Needs?

Spouse \_\_\_\_\_ Grandchildren \_\_\_\_\_

3. Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

Prior Marriage  Special Needs?

Spouse \_\_\_\_\_ Grandchildren \_\_\_\_\_

4. Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

Prior Marriage  Special Needs?

Spouse \_\_\_\_\_ Grandchildren \_\_\_\_\_

**FINANCIAL INFORMATION**

	<b>Value of Assets</b>
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	
<b>TOTALS</b>	

**LIFE INSURANCE**

<b>Company</b>	<b>Insured</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Face Amount</b>	<b>Annual Premium</b>

## 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 an adult child, relative or financial institution.

Executor to be named in Will:

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 your choice for 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 to 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?

Please indicate your choice for Power of Attorney:

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 your choice for Health Care 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

**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: \_\_\_\_\_

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