

ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

Estate Planning Data

A.	PERSONAL	Husband/Partner	Wife/Partner
1.	Name	_____	_____
2.	Other Names	_____	_____
3.	Addresses		
	a. Home	_____	_____
	b. Mailing	_____	_____
	c. email	_____	_____
4.	Telephone		
	a. Home	_____	_____
	b. Work	_____	_____
5.	Birthdate	_____	_____
6.	S.S. No.	_____	_____
7.	Marriage Date	_____	_____
8.	Place of Marriage	_____	_____
9.	Citizenship	_____	_____
10.	Other	_____	_____
B.	<u>PRIOR MARRIAGES</u> (if applicable)		
1.	Former Spouse	_____	_____
2.	Marriage Date	_____	_____
3.	Terminated by Death/Divorce on	_____	_____
4.	Obligations to or from former spouse	_____	_____

- 5. Child Support _____
- 6. Separate Maintenance _____

In the event of divorce, please provide a copy of the Decree of Dissolution and any related Agreements.

C. CHILDREN (Please indicate if child of prior marriage)

1. Living Children of Husband:

- a. Name _____
 Birthdate _____
 City/State _____
- b. Name _____
 Birthdate _____
 City/State _____
- c. Name _____
 Birthdate _____
 City/State _____

2. Deceased Children of Husband (Do you have any deceased children, with surviving children; if so, please list.) _____

3. Living Children of Wife:

- a. Name _____
 Birthdate _____
 City/State _____
- b. Name _____
 Birthdate _____
 City/State _____
- c. Name _____
 Birthdate _____
 City/State _____

4. Deceased Children of Wife (Do you have any deceased children, with surviving children; if so, please list.) _____

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

E. INTERSPOUSAL AGREEMENTS

1. Have you ever executed a Community Property Agreement? _____
2. Have you ever executed any other agreements between spouses regarding your property? _____
3. Please furnish a copy of any agreements. _____

F. TRUSTS

1. Does any member of your family receive income from any trust? _____
If yes, who created trust? _____
2. Has husband or wife ever created a trust, except as part of a Will? _____
If yes, give details _____
3. Does any family member expect to be named a beneficiary or remainderman of a trust? _____
If yes, please describe _____
4. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.

G. INSURANCE

1. Are there any life insurance policies in existence on the life of either spouse? _____
2. If so, please provide information regarding:
 - a. Name of Company(ies) _____

 - b. Type of Insurance _____

 - c. Amount and Cash Surrender Value _____

 - d. Designated Beneficiary(ies) _____

H. JOINT TENANCY ASSETS

Do you own a real or personal property as joint tenants with each other or third parties?

If so, please describe _____

I. RETIREMENT BENEFITS

Is either spouse a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, etc.

J. GIFTS AND/OR INHERITANCES

1. Is husband, wife or children likely to receive any _____
gifts or inheritances?

2. Does either husband or wife make, or intend to make _____
regular gifts to any person?

If yes, please describe _____

K. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have.

L. TRANSFER OF A CLOSELY HELD BUSINESS

If either of you are minority or majority owners of a closely held corporation, partnership or sole proprietorship, please identify how you wish to ensure:

- (1) the continuity of business operation upon your death or disability (i.e., durable power of attorney, some stock ownership by other shareholders, etc.) and
- (2) the transfer of your ownership interest by shareholder agreement, buy-sell agreement, or other form of transfer.

M. ASSET SCHEDULE (Please indicate if any asset is separate property of either husband or wife and approximate current value)

1. Real Property \$ _____
2. Stocks and Bonds \$ _____

- | | | |
|----|---|--------------|
| 3. | Checking/Savings | \$ _____ |
| 4. | Life Insurance | \$ _____ |
| 5. | Miscellaneous Property
(including furniture,
furnishings, antiques,
automobiles, boats,
collectibles, etc.) | \$ _____ |
| 6. | Retirement Programs | \$ _____ |
| | Subtotal | \$ _____ |
| 7. | LESS liabilities | \$ < _____ > |
| 8. | Net Worth (approx.) | \$ _____ |

N. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

1. Personal representative(s)
(administers Will during probate)
First Successor: _____
 City, State, County of Residence _____
Backup Successor: _____
 City, State, County of Residence _____

2. Trustee(s) (Manages estate Descendants/Disclaimer
for the benefit of beneficiaries)
First Successor: _____
 City, State, County of Residence _____
Backup Successor: _____
 City, State, County of Residence _____

3. Guardian(s) of Minor(s)
(Raises children who are not yet age 18)
First Successor: _____
 City, State, County of Residence _____
Backup Successor: _____
 City, State, County _____

4. Agent for Health Care DPOA:
First Successor: _____
 City, State, County of Residence _____
Backup Successor: _____
 City, State, County of Residence _____

5. Agent for Financial DPOA:
First Successor: _____
 City, State, County of Residence _____
Backup Successor: _____
 City, State, County of Residence _____

- 6. Distribution of Trust Estate
 - a. Age of youngest child before Distribution _____
 - b. Age for Distribution
 - i. First portion _____
 - ii. Second portion _____
 - iii. Third portion _____

7. Specific Bequests _____

8. Funeral/Burial Arrangements (Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death. However, if the client prefers, it can be included in the Will.)

9. Do you have any beneficiaries that may be on government assistance programs or in need of special needs consideration?

10. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

O. DURABLE POWER OF ATTORNEY

(The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.)

- 1. Have you executed a power of attorney? _____
- 2. If you have done so, please provide a copy. _____
- 3. Has it been recorded? _____
- 4. Effective on signing or incapacity? _____

P. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of this Directive to Physicians is to make known the desire of the person signing the document of his wish not to have his life "artificially prolonged" in the case of any injury, disease, or terminal condition. Does client wish to have such a document prepared or discuss this further?

Yes ____ No ____

Q. ORGAN DONOR INFORMATION

Do you wish to discuss organ donation at death?

Yes ____ No ____

R. DIGITAL LEGACY DOCUMENTATION

Have you prepared a list of Digital Accounts? _____ Yes _____ No

Do you have a list of access codes/passwords? _____ Yes _____ No

Would you like to review documentation for
Your digital asset transfers with our attorney? _____ Yes _____ No