ESTATE PLANNING QUESTIONNAIRE
TRUST PLANNING

Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents. Preparation of this questionnaire is extremely helpful prior to the initial appointment with us because if we are able to review the completed questionnaire prior to your appointment more information and value will be received during the initial consultation.

Initial Consultation

During the initial appointment, we will discuss your specific estate planning needs and goals. A quote of fees and an agreement thereto will be provided before we proceed with formal representation.

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ESTATE PLANNING QUESTIONNAIRE

The information requested on this worksheet may seem like *none of our business*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If you are married and all information on this worksheet is identical for you and your spouse, complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each spouse has a separate one. Unmarried couples may use the worksheet just as married couples, but please be sure to insert correct marital status as it significantly affects application of tax rules.

For those of you who are single, we apologize for phrasing everything based on husband and wife. This is for simplicity of the form only. To complete this worksheet, please fill in the wife's blanks if you are female and the husband's blanks if you are male. Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an available method of avoiding probate.

This questionnaire will be a starting point for our interview, where we will discuss any additional necessary information.

What is your primary motivation for considering estate planning? *(Select one or more)*

☐ Probate Avoidance
☐ Asset Protection/Nursing Home Planning
☐ Guardianship for Minor Children
☐ Business or Farm Planning
☐ Estate Tax Planning
☐ Other: _____

PLEASE USE SECTION IV IF ADDITIONAL SPACE IS REQUIRED.

I. PERSONAL INFORMATION

1. Husband _____

   Home Address _____ E-mail _____

   Telephone _____ County _____

   Birth Date _____ Soc. Sec. No. _____

2. Wife _____

   Home Address _____ E-mail _____

   Telephone _____ County _____

   Birth Date _____ Soc. Sec. No. _____

   Date of Marriage _____ If Deceased, Date of Death _____

3. Children and Beneficiary Names

Name _____

Address _____ E-mail _____

Telephone _____ Birth Date _____ Disabled _____

Spouse's Name _____

Name _____

Address _____ E-mail _____

Telephone _____ Birth Date _____ Disabled _____

Spouse's Name _____

Name _____

Address _____ E-mail _____

Telephone _____ Birth Date _____ Disabled _____

Spouse's Name _____

Name _____

Address _____ E-mail _____

Telephone _____ Birth Date _____ Disabled _____

Spouse's Name _____

Name _____

Address _____ E-mail _____

Telephone _____ Birth Date _____ Disabled _____

Spouse's Name _____

II. ASSETS

*If property is held in more than one name, state whether joint and survivorship or tenants in common. State also in whose names the property is held jointly if other than husband and wife. **PLEASE PROVIDE COPIES OF ALL DEEDS, ACCOUNT STATEMENTS, ANNUITIES, INSURANCE POLICIES, ETC.**

A. REAL ESTATE. Please list all real estate owned partially or wholly.

Owner(s)	**Property Address**	**Value**
1 _____	_____	$ _____
2 _____	_____	$ _____

B. CASH. Please list all cash held partially or wholly. Please include cash on hand, savings accounts, checking accounts, CDs, or Money Market Accounts.

Owner(s)	Description (Bank, etc.)	Account No.	Value
1			$
2			$
3			$
4			$
5			$

C. SECURITIES AND BONDS. Please list all publicly traded securities (stocks) and bonds (including US Savings Bonds) held partially or wholly.

Owner(s)	Description (Company, etc.)	Account No.	Value
1			$
2			$
3			$
4			$

D. CLOSELY HELD BUSINESS. Please list all closely held business interests. Please provide a copy of any Buy-Sell Agreement if applicable, and a copy of a business valuation if one is available.

Owner(s)	Business Name	Value
1		$
2		$

E. AUTOMOBILES. Please list all automobiles owned.

Owner(s)	Description	Value
1		$
2		$
3		$

F. IRAs, 401Ks and RETIREMENTS ACCOUNTS. Please list all IRAs, 401Ks, and other Retirement Accounts.

Owner(s)	Description (Bank, etc.)	Account No.	Value
1			$
2			$
3			$

G. ANNUITIES. Please list Annuities.

Owner(s)	Description (Bank, etc.)	Account No.	Value	Date of Purchase
1			$	
2			$	
3			$	

H. LIFE INSURANCE. Please list all life insurance policies owned.

Owner(s)	Company	Account No.	Cash Value	Death Benefit
1			$	$
2			$	$
3			$	$
4			$	$

I. IRREVOCABLE FUNERAL CONTRACTS. Please list all pre-need, irrevocable funeral and burial contracts.

Owner(s)	Funeral Home	Value
1		$
2		$

J. ADDITIONAL PROPERTY AND ASSETS. Please list any other property or asset owned.

Owner(s)	Description	Value
1		$
2		$
3		$

APPROXIMATE TOTAL OF ALL ASSETS **$** _____

III. ESTATE PLANNING APPOINTMENTS

If applicable, will all appointments and selections the same for both of _____ If not, please provided specifics in the space provide at the end of this section.

A. PERSONAL REPRESENTATIVE. The will should name a personal representative to probate the estate. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary personal representative may or may not be appropriate).

Personal Representative _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

First Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Second Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

B. FINANCIAL POWER OF ATTORNEY. The financial power of attorney should name an agent to handle your financial affairs should you become incapacitated. (E.g., spouse as primary financial agent, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse as primary financial agent may or may not be appropriate.) **You should have complete confidence in the individual(s) named as you financial power of attorney.**

First Agent _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

First Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Second Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

C. HEALTH CARE AGENT. Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent**.**

First HC Agent _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

First Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Second Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Anatomical Gift/Organ Donation (optional)

_____ I/we wish to make an anatomical gift.

_____ I/we ***do not*** wish to make an anatomical gift.

Upon my death, the following are my directions regarding donation of all or part of my body:

In the hope that I/we may help others upon my/our death, I/we hereby give the following body parts (indicate specific parts or all body parts) and state the purpose of the donation (any purposes authorized by law or for transplantation, therapy, research, or education etc).

_____

_____

_____

Refusal of Nutrition and/or Hydration (optional)

You may want to specifically authorize your agent to refuse, or if treatment has commenced, to withdraw consent to, the provision of artificially or technologically supplied nutrition or hydration if:

1. You are in a permanently unconscious state; and

2. Your physician and at least one other physician who has examined you have determined, to a reasonable degree of medical certainty, that artificially or technologically supplied nutrition and hydration will not provide comfort to me or relieve your pain.

_____ I/We wish to withdraw nutrition and/or hydration.

_____ I/We ***do not*** wish to withdraw nutrition and/or hydration.

D. PLAN OF DISTRIBUTION. Please tell us about your plan of distribution upon your passing.

1. **Specific Gifts**. Tell us if you wish to make charitable gifts, such as to a house of worship or other institution, or do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child _____

_____

_____

_____

2. **Remainder of Estate**. Briefly describe where you would want assets remaining after any specific gifts are distributed. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

☐ All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.

☐ All to spouse, then equally between surviving children.

☐ All to spouse, then _____

_____

☐ As follows _____

_____

3. **Ultimate Distribution**. You might want to provide for the distribution of your property if neither of you, your spouse nor your children/other beneficiaries named above survive. Please tell us about your wishes _____

_____

_____

_____

_____

_____

_____

_____

PLEASE COMPLETE THE FOLLOWING SECTIONS IF YOU HAVE MINOR CHILDRED, MINOR BENEFICIARIES OR BENEFICIARIES WITH DISABILITIES.

A. GUARDIAN. If you have minor children or children with special needs, you may need to appoint a guardian. The guardian is responsible for the day to day care of your child. It is a good idea to name one or two alternates in your first choice cannot serve for some reason.

Guardian _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

First Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Second Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

B. TESTAMENTARY TRUSTEE. You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their won. A trustee can keep the beneficiary's money invested wisely and use it for their education, health, support etc. until they reach the age you specify. 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 testamentary trustee can be the same person named as the guardian, or could be someone different.

First Trustee _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

First Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

Second Alternate _____

Home Address _____ E-mail _____

Telephone _____ Relationship _____

C. AGE OF DISTRIBUTION. If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage the assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may want to consider splitting the distribution such as 1/2 at age 25 and 1/2 at age 30, or 1/3 at age 21, 1/3 at age 25 and 1/3 at age 30. You may use any age or combination of ages that you choose.

SECTION IV. SPECIAL INSTRUCTIONS

A. SPECIAL INSTRUCTIONS. Please tell us about anything else which may be of importance with respect to your estate plan, or note any questions you may have.