

Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PART 1: Family Information and Asset Summary (Married Couples)

A. Husband

Full Legal Name: _____

Other names used: _____

Occupation / Business: _____

Employer: _____ Work Telephone: _____

Cell Phone: _____ E-mail: _____

Social Security No.: _____ Citizenship: _____

Date of Birth: _____ Birthplace: _____

B. Wife

Full Legal Name: _____

Other names used: _____

Occupation / Business: _____

Employer: _____ Work Telephone: _____

Cell Phone: _____ E-mail: _____

Social Security No.: _____ Citizenship: _____

Date of Birth: _____ Birthplace: _____

C. Primary Residence / Mailing Address

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Telephone: _____

D. Marriage(s)

Date and Place of Present Marriage: _____

Do you have any of the following?

Prenuptial Agreement? Yes No

Community / Separate Property Agreement? Yes No

If yes, please provide a copy.

Have either one of you been previously married? Husband Wife

If yes, please provide name of former spouse(s) and dates of marriage / divorce.

Husband:

Wife:

If either of you have been previously married, please attach the following:

Property Settlement Agreement

Decree of Dissolution

E. Parents (living and deceased)

NAMES	STATE / COUNTRY OF RESIDENCE	LIVING / DECEASED
Husband:		
Wife:		

F. Siblings (living and deceased)

NAMES	STATE / COUNTRY OF RESIDENCE	LIVING / DECEASED
Husband:		
Wife:		

G. Children

NAME	ADDRESS	1) DATE OF BIRTH 2) CITIZENSHIP	NAME OF CHILD'S SPOUSE (IF APPLICABLE)	DOES THIS CHILD HAVE ANY CHILDREN? IF SO, PLEASE PROVIDE NAMES
		1) 2)		
		1) 2)		
		1) 2)		
		1) 2)		
		1) 2)		

Are any of your children adopted? Yes No

Names: _____

Are any of the children listed NOT the biological children of either or both spouses?

Yes No

Names: _____

Name of other parent(s): _____

Do you have any deceased children? Yes No

Names: _____

If yes, did your deceased child(ren) leave descendants? Yes No

H. Military Service

Do you have rights arising out of military service?

	HUSBAND		WIFE	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SERIAL NUMBER				
BRANCH OF SERVICE / DATE OF DISCHARGE				
LOCATION OF DISCHARGE PAPERS				
ANY DISABILITY RIGHTS?				

I. Special Needs

Do any of your children or parents have special needs? Yes No

If yes, please indicate who and describe his or her special needs.

J. Additional Dependents

Are there any persons (other than minor children) partially or wholly dependent upon you or your spouse for support now or possibly in the future?

Yes No

If yes, please indicate who and describe his or her needs.

FINANCIAL PROFILE

A. Asset Summary: Values and Ownership

Please give your best, conservative estimate of value to the nearest \$1,000. Use gross values and indicate related liabilities in the space below. This information is used to determine your potential estate tax liability. You may substitute all or part of the information requested with statements or financial reports.

FINANCIAL ASSETS	HUSBAND	WIFE	JOINTLY WITH SPOUSE	JOINTLY WITH OTHERS
CHECKING / ACCOUNT BALANCE	\$	\$	\$	\$
SAVINGS / CDS	\$	\$	\$	\$
SAVINGS / CDS	\$	\$	\$	\$
MARKETABLE SECURITIES	\$	\$	\$	\$
MARKETABLE SECURITIES	\$	\$	\$	\$
MARKETABLE SECURITIES	\$	\$	\$	\$
MARKETABLE SECURITIES	\$	\$	\$	\$
CLOSELY HELD BUSINESS INTEREST	\$	\$	\$	\$
REAL ESTATE (HOME)	\$	\$	\$	\$
REAL ESTATE (OTHER, SPECIFY)	\$	\$	\$	\$
NOTES RECEIVABLE	\$	\$	\$	\$
LIFE INSURANCE OWNED (AMOUNT PAYABLE UPON DEATH)	\$	\$	\$	\$
401K OR RETIREMENT BENEFITS	\$	\$	\$	\$
IRA ACCOUNTS	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

B. Liabilities

- Real Estate Mortgages \$ _____ Taxes \$ _____
- Installment Contracts \$ _____ Loans on Life Insurance \$ _____
- Current Household Debt \$ _____ Other \$ _____
- Notes Payable (secured) \$ _____ Other \$ _____
- Notes Payable (secured) \$ _____ Other \$ _____

TOTAL \$ _____

C. Employee Benefit Schedule

Pension Plans, Profit Sharing Plans, IRA's Keogh (HR-10), Stock Bonus Plans, etc.

OWNER	FUND	VALUE	EXPECTED RETIREMENT BENEFIT	DEATH BENEFIT	BENEFICIARY

Other Employee Benefits:

Please describe any stock options, deferred compensation or similar agreements and provide copies.

D. Life Insurance Schedule

OWNER	INSURER	AMOUNT PAYABLE ON DEATH	BENEFICIARY	TERM OR PERMANENT	CURRENT CASH VALUE (IF ANY)

E. Real Property

Please attach copies of all deeds for, and buy-out agreements affecting, parcels of property listed below:

Parcel 1

Acquisition Date: _____ Price \$ _____

Address _____

Type of Property _____
(e.g. your residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ _____ Equity \$ _____

Remaining Mortgage \$ _____

Community Property Separate Property

Parcel 2

Acquisition Date: _____ Price \$ _____

Address _____

Type of Property _____
(e.g. your residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ _____ Equity \$ _____

Remaining Mortgage \$ _____

Community Property Separate Property

Parcel 3

Acquisition Date: _____ Price \$ _____

Address _____

Type of Property _____
(e.g. your residence, rental or investment property, vacation property, etc.)

Approximate Fair Market Value \$ _____ Equity \$ _____

Remaining Mortgage \$ _____

Community Property Separate Property

F. Client-owned Business

Name of Business _____

Type of Business Entity _____
(e.g. sole proprietorship, partnership, corporation, LLC)

Nature of Business _____

Location _____

Approximate Fair Market Value of Business (if known) \$ _____

Co-Owners and ownership interest: _____

Have you entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension and profit-sharing plan?

Yes No If yes, please describe and attach copies:

G. Potential Inheritances

Are either of you expecting gifts from your family members? Yes No
If you are the beneficiary of a Trust, please provide a copy of the trust document and amendments, if any.

Heir / Beneficiary / Recipient: Husband Wife

From whom? _____ Relationship _____

Will _____ Trust _____ Gifts _____

Description: _____

Estimated Amount / Value of Inheritance: \$ _____

H. Gifts

Have you made gifts to anyone of cash, property or other items valued at an amount over \$10,000? Yes No

If yes, please provide the name of the recipient, a description of what was given, the value of the gift when the gift was made, and the year in which the gift was made. If you filed a gift tax return, please attach a copy.

I. Tangible Personal Property and Other Assets

Please list all tangible personal property of significant value (e.g. artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs) or other non-tangible assets (e.g. interest in a lawsuit, copyright, patents, mineral rights) that you own and indicate an estimated value for each:

TANGIBLE ASSETS	\$ VALUE	LOCATION	CONTACT PERSON
Household Furniture	\$		
Automobiles	\$		
Antiques and Collectibles	\$		
Other (specify)	\$		
Other (specify)	\$		
Other (specify)	\$		
TOTALS	\$		

J. Health Information

Do you have any health concerns or history of medical issues which would affect your ability to manage your estate in the near future? Yes No

If yes, please explain: _____

ESTATE PLAN HISTORY

A. Will

Do you already have a Will?

Husband: Yes No Wife: Yes No

B. Trust

Do you already have a Trust?

Husband: Yes No Wife: Yes No

Are you the beneficiary of a Trust?

Husband: Yes No Wife: Yes No

C. Durable Powers of Attorney

Do you have any Durable Powers of Attorney for Asset Management?

Husband: Yes No Wife: Yes No

Do you have any Durable Powers of Attorney for Healthcare, or Healthcare Directives?

Husband: Yes No Wife: Yes No

D. Safe Deposit Box

Do you have a safe deposit box? Yes No

If yes, please indicate location: _____

Persons other than you with right of access: Yes No

Name _____ Relationship _____

CONSULTANTS

A. Accountant _____

Accounting Firm _____

Address _____

Phone _____ Fax _____

B. Banker _____

Bank/ Financial Institution _____

Address _____

Phone _____ Fax _____

C. Stockbroker / Financial Manager _____

Brokerage Firm _____

Address _____

Phone _____ Fax _____

D. Physician _____

Office/Medical Center _____

Address _____

Phone _____ Fax _____

E. Insurance Agent _____

Agency _____

Address _____

Phone _____ Fax _____

F. Other person familiar with business or finances _____

Firm / Company / Title _____

Address _____

Phone _____ Fax _____

CHECKLIST OF DOCUMENTS TO BRING

We recommend that you bring the following documents with you to your meeting with the attorney or send to them to our office shortly after initial consultation:

BROUGHT TO MEETING	NO SUCH DOCUMENT EXISTS	COPY TO BE LOCATED LATER	DOCUMENT DESCRIPTION	NOTES AND ADDITIONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of current or prior wills or trusts (including if you are a beneficiary of a trust)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Statement or summary	<ul style="list-style-type: none"> • Copies of current bank and investment account statements • Printout from computerized finance program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deeds to your house or other real property you own	<ul style="list-style-type: none"> • Community property or other shared ownership? • Property legal description
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Benefits	(statement of current value) <ul style="list-style-type: none"> • 401(k) • IRA • SEP • Keogh
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits	Any summary of benefits provided by your employer (especially life insurance and retirement)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy	Copy of: <ul style="list-style-type: none"> • policy • billing statement • application

Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

**PART 2: Estate Plan Designations / Provisions
(Married Couples)**

Name(s): _____

Estate Planning Overview

1. Give a brief description of main goals for your estate plan:
(For example, “all to spouse and upon spouse’s death, to children”):

2. Do either of you have any unique estate planning objectives (or problems)?

Husband: Yes No Wife: Yes No

Examples of unique planning objectives would include, *but not limited to*, the following:

- a. **Litigious family members**
- c. **Potential liabilities involving a family business, career, or asset**
- d. **Multiple marriages/children of multiple marriages or partners**
- e. **Special financial, physical or mental needs of family members**

3. Do you have any particular area of charitable interest? Yes No

Will Provisions

1. Personal Representatives (Executor) to be named:

(A Personal Representative administers the estate and is responsible for filing probate and distributing the estate assets.) A married couple usually names his or her spouse as the primary Personal Representative and we suggest you name an alternate in the event of your spouse's inability to serve.

a. Person to be designated as Personal Representative:

Name: _____

Relationship: _____

b. First Alternate Personal Representative:

Name: _____

Relationship: _____

c. Second Alternate Personal Representative:

Name: _____

Relationship: _____

Revocable Trust Provisions (if applicable)

1. Trustees to be named:

(A Trustee is the person who manages the trust and its assets. A married couple usually appoints themselves as the initial Trustees of the trust. Upon the death of one spouse, the surviving spouse will serve as Trustee. We suggest you name a successor trustee to manage the trust upon the death of the surviving spouse.)

a. Persons to be designated as initial Trustees:

Name: _____

Relationship: _____

b. First Successor Trustee:

Name: _____

Relationship: _____

c. Second Successor Trustee:

Name: _____

Relationship: _____

2. Trust Protector(s) to be named:

(A Trust Protector is someone to keep the trustee accountable.)

a. Person to be designated as Trust Protector:

Name: _____

Relationship: _____

b. Alternate Trust Protector:

Name: _____

Relationship: _____

Trusts and Guardians for Minor Children

Guardians will care for your children on a day to day basis. The trustee(s) of a children’s trust manage the assets set aside for the children. You may choose to name the same person as trustee of your children’s assets but you are not required to do so.

1. Guardian or Co-Guardians (for any minor children):

a. Name: _____

b. Relationship: _____

2. First Alternate Guardian or Co-Guardians (for any minor children):

a. Name: _____

b. Relationship: _____

3. Second Alternate Guardian or Co-Guardians (for any minor children):

a. Name: _____

b. Relationship: _____

4. Do you want a trust for children included in your will or revocable trust?

Yes No

5. If a trust for children is to be part of your will or revocable trust:

a. Do you want to require the Trustee to be the same person as the Guardian for the children?

Yes No

b. Specify at what ages you want distribution to be made to your children.

(e.g. 10% at age 22, 25% at age 25 and remaining assets at age 35):

_____ % at age _____

_____ % at age _____

_____ % at age _____

c. Trustee: _____

This is the person you want to manage the money for your children. (May or may not be the same person(s) as the Guardian you selected.)

d. 1st Alternate Trustee: _____

e. 2nd Alternate Trustee: _____

Specific Gifts

1. Please list specific gifts to individuals or institutions:

(For example, jewelry, art, heirlooms, or items of sentimental value that you intend a specific individual or charitable institution to receive.) Attach additional sheets if necessary.

NAME OF INDIVIDUAL OR INSTITUTION	DESCRIPTION OF PROPERTY OR DOLLAR AMOUNT

Alternate Beneficiaries

1. In the event that your children or primary beneficiaries do not survive both you, please indicate your preference for the distribution of your assets:

- Divide in accordance with state law (one-half to each spouse's next of kin)
- Distribute to the following individuals in equal shares (or you may indicate different percentage amounts)

- Distribute to the following charities / organizations:

Durable Power of Attorney for Management of Assets

This document allows you to name a person to handle your financial affairs and manage your assets if and when you are incompetent. This is NOT effective after death. It is only used during the period of incompetency. Married couples usually name their spouses as the primary attorney-in-fact and name an alternative in the event that the spouse is unable to serve.

1. Attorney-in-Fact

a. Name: _____

b. Relationship: _____

2. Alternate Attorney-in-Fact

a. Name: _____

b. Relationship: _____

Healthcare Directive (Living Will) and Durable Power of Attorney for Healthcare

This document allows you to name a person to make healthcare decisions on your behalf if and when you are incompetent. This is NOT effective after death. It is only used during the period of incompetency. Married couples usually name their spouses as the primary attorney-in-fact and name an alternative in the event that the spouse is unable to serve.

1. Agent (Attorney-in-Fact)

- a) Name: _____
- b) Relationship: _____
- c) Address: _____

- d) Home / Cell Phone: _____
- e) Business Phone: _____

2. Alternate Agent

- a) Name: _____
- b) Relationship: _____
- c) Address: _____

- d) Home / Cell Phone: _____
- e) Business Phone: _____

Do you want your condition of incompetence to be determined by one or two physicians? _____

Burial or Funeral Instructions (Optional)

Would you like to specify your wishes regarding burial, cremation, a funeral or memorial service?

- Yes No

If yes, please indicate instructions you wish to be followed. If you have already prepared such instructions, please attach:
