

Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

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

Name(s): _____

Will Provisions

1. Give a brief description of main goals for your will:
(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

3. 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: _____

Address: _____

b. First Alternate Personal Representative:

Name: _____

Relationship: _____

Address: _____

c. Second Alternate Personal Representative:

Name: _____

Relationship: _____

Address: _____

4. 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

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

6. Would you like any of these charities to be named as alternative recipients of your estate in the event that your children or primary beneficiaries do not survive you?

Yes No

Trusts and Guardians for Minor Children

Guardians will care for your children on a day to day basis. You may choose to name the same person as trustee of your children’s assets but you are not required to do so. Please specify individuals that you would want to care for your children.

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

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

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

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

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

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

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

Yes No

If a trust for children is to be part of your will or living 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 (i.e. 10% @ age 22, 25% @ age 25 and remaining assets @ 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: _____

5. Would you like copies of your estate planning documents to be sent to family members/guardian/trustees? If so, please provide addresses:

****You may want to consider just giving out our firm's business cards and inform your family members that we have your documents to protect the confidentiality of the content of your estate plan.**

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Taxes and Costs

I want all taxes, if any, and costs of administration to be borne by the beneficiary of the residue of my estate paid from my estate prior to distributions to beneficiaries.

OR

I want each and every beneficiary of my estate charged proportionately, based on the amount of the gift or inheritance, for taxes and costs of administration.

Burial or Funeral Instructions

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

Yes

No

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

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 in competency. 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: _____

c. Address: _____

2. Alternate Attorney-in-Fact

a. Name: _____

b. Relationship: _____

c. Address: _____

Do you want to give broad gifting powers to your attorney-in-fact? Yes No

Do you want your designated attorney-in-fact to have powers to change beneficiaries on your

Life insurance policies Yes No

Retirement Benefit Accounts Yes No

Trusts Yes No

Bank Accounts Yes No

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

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

This document allows you to name a person 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 in competency. 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 Phone: _____
- e) Business Phone: _____

2. Alternate Agent

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

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

3. Disposition of Remains.

Do you authorize your agent to make arrangements for the disposition of your remains, at his or her discretion, without restrictions?

Yes No

Do you desire and request that your remains be cremated and made available for your family to dispose of as they see fit.

Yes No

Do you desire that any public funeral service be held for you, but only such private family service, if any, as your immediate family shall desire.

Yes No

Do you have any specific instructions? If yes, please insert below.

Is your Agent authorized to authorize an autopsy, and direct disposition of your remains without restrictions?

Yes No

If no, please indicate your restrictions.

4. *For female clients only.*

Pregnancy. Are you physically able to become pregnant?

Yes No

If yes, please complete the following:

If you are diagnosed as pregnant and that diagnosis is known to your physician, (check applicable box):

Do you want this directive to have no force or effect during the course of your pregnancy?

Yes No

And your pregnancy has not reached the third trimester at the time of the diagnosis of your incurable injury or disease, do you direct that your physician terminate your pregnancy by whatever means are medically feasible and then carry out the directives herein?

Yes No

And/or your physician determines that the child you are pregnant with cannot be delivered alive at the time of the diagnosis of your incurable injury or disease, do you direct that your physician terminate your pregnancy by whatever means are medically feasible and then carry out the directives herein?

Yes No