

Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PART 2: Will Provisions and Estate Plan Designations

Name(s): _____

Distribution Provisions

1. Give a brief description of your general estate/assets distribution plan:

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

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. Personal Representatives (Executor) to be named:

(A Personal Representative administers the estate and is responsible for filing Probate and distributing the estate assets.)

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 for Minor Children

1. Do you want a trust for children included in your will? Yes No

If a trust for children is to be part of your will,

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: _____

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.

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.

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