

Date: _____

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PART 2: Estate Plan Designations / Provisions

Name: _____

Estate Planning Overview

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. 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. 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. Person to be designated as Trustee:

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 for Children / Other Beneficiaries

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 / other beneficiaries included in your will or revocable trust?

Yes No

If a trust for children / other beneficiaries 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 / other beneficiaries:

(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 primary beneficiaries do not survive you, please indicate your preference for the distribution of your assets:

- Divide in accordance with state law (to your 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.

1. Attorney-in-Fact

a. Name: _____

b. Relationship: _____

2. Alternate Attorney-in-Fact

a. Name: _____

b. Relationship: _____

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 for the following assets:

Life Insurance Policies Yes No

Retirement Benefit Accounts Yes No

Trusts Yes No

Bank Accounts Yes No

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 incompetency.

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:
