

ESTATE PLANNING QUESTIONNAIRE

Full Name of Client (“Client 1”): _____ DOB: _____

Partner/Spouse (“Client 2”): _____ DOB: _____
(Circle One)

FAMILY BACKGROUND

Children

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Name: _____ DOB: _____ Age: _____

Grandchildren

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Parents (if living)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

OTHER FAMILY QUESTIONS

Are there any **stepchildren**? Yes _____ No _____ If so, please state:

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Name: _____ Parents: _____ Age: _____

Has anyone in your family been **adopted**? Yes _____ No _____

If so, please state who: _____

Are there persons (other than minor children) **dependent** upon you now or in the future?

Yes _____ No _____ If so, please state who: _____

Would you like a special needs trust? Yes _____ No _____ Tell me more _____

Is there anything else you wish to say about your family? _____

ASSET INFORMATION

Bank accounts and certificates of deposit:¹ \$ _____

Corporations, LLCs and closely held businesses:

Names: _____ \$ _____

Real estate (commercial or residential): \$ _____

Address: _____ \$ _____

Address: _____ \$ _____

Address: _____ \$ _____

Tangible personal property (cars, boats, jewelry, furniture, etc.): \$ _____

Securities (stocks, bonds etc.): \$ _____

Retirement accounts (IRAs, Roth IRAs, 401Ks, etc.):

Your Financial Advisor: _____

Type: _____ Beneficiary: _____ Alternate: _____ \$ _____

Type: _____ Beneficiary: _____ Alternate: _____ \$ _____

Type: _____ Beneficiary: _____ Alternate: _____ \$ _____

Other assets (describe): _____ \$ _____

TOTAL ASSETS: \$ _____

DEBT INFORMATION

Mortgages:

Address: _____ \$ _____

Address: _____ \$ _____

Address: _____ \$ _____

Other debts (describe): _____ \$ _____

TOTAL DEBTS: \$ _____

¹ Please list the approximate fair market values for each category of asset listed.

OTHER ASSET QUESTIONS

Do you have **life insurance** or any annuities? Yes _____ No _____ If so, please state:

Policy/Annuity #1: Amount: \$ _____

Owner: _____

Beneficiary: _____

Alternate beneficiary: _____

Policy/Annuity #2: Amount: \$ _____

Owner: _____

Beneficiary: _____

Alternate beneficiary: _____

Do you have a pension plan? Yes _____ No _____ If so, please state:

Monthly payment: \$ _____

Owner: _____

Beneficiary: _____

Are you interested in a **revocable living trust**? Yes _____ No _____ Tell me more _____

If you are married, is there any **separate property**?² Yes _____ No _____

If so, please describe: _____

Are you interested in a **community property agreement**?³ Yes _____ No _____ Tell me more _____

Is there anything else you wish to say about your financial situation? _____

² In general, separate property is (1) property owned prior to marriage, (2) gifts received by one spouse only, or (3) inherited property. Separate property cannot be intermingled with community property.

³ A community property agreement has the power to declare all property you own (past, present and future) into community property.

WILL PROVISIONS FOR CLIENT 1

Personal Representative(s):⁴ _____ Alternate(s): _____

Guardian(s):⁵ _____ Alternate(s): _____

Do you wish to make any **specific bequests**?⁶ Yes _____ No _____ Tell me more _____

Property: _____ Beneficiary: _____

Property: _____ Beneficiary: _____

If your spouse survives you, do you wish your spouse to inherit the remainder of your estate?

Yes _____ No _____ Let's discuss this _____

If your spouse does not survive you, who do you wish to inherit the remainder of your estate?

_____ My children [] in equal shares [] divided as follows: _____

_____ A children's trust or grandchildren's trust (see details below)

_____ Others, as follows: _____

If a beneficiary does not survive you, do you want his or her share to:

_____ Go to that person's children

_____ Be distributed equally among the other beneficiaries

_____ Other as follows: _____

In none of these beneficiaries survive you, who or what organization should inherit your estate?

Is there anyone you want to make sure does NOT inherit anything from you? Yes _____ No _____

If so, please state who: _____

⁴ Also known as the executor. This person has the legal authority to manage your estate and make distributions to your heirs.

⁵ This person has the legal authority to raise your children until they turn 18 years old.

⁶ A specific bequest is a gift of a specific piece of property, such as a car or a parcel of real property.

WILL PROVISIONS FOR CLIENT 2

Personal Representative(s): _____ Alternate(s): _____

Guardian(s): _____ Alternate(s): _____

Do you wish to make any specific bequests? Yes _____ No _____ Tell me more _____

Property: _____ Beneficiary: _____

Property: _____ Beneficiary: _____

If your spouse survives you, do you wish your spouse to inherit the remainder of your estate?

Yes _____ No _____ Let's discuss this _____

If your spouse does not survive you, who do you wish to inherit the remainder of your estate?

_____ My children [] in equal shares [] divided as follows: _____

_____ A children's trust or grandchildren's trust (see details below)

_____ Others, as follows: _____

If a beneficiary does not survive you, do you want his or her share to:

_____ Go to the that person's children

_____ Be distributed equally among the other beneficiaries

_____ Other as follows: _____

In none of these beneficiaries survive you, who or what organization should inherit your estate?

Is there anyone you want to make sure does NOT inherit anything from you? Yes _____ No _____

If so, please state who: _____

CHILDREN'S/GRANDCHILDREN'S TRUST IN WILLS

Are you interested in a children's/grandchildren trust in your Wills? Yes _____ No _____ Tell me more _____

If you want a trust, who do you want to designate as **trustee**? _____

Alternate(s): _____

FINANCIAL POWERS OF ATTORNEY⁷

Who should have authority to make financial decisions for you as your agent while you are living?

	<u>For Client 1</u>	<u>For Client 2</u>
First choice:	_____	_____
Second choice:	_____	_____

When would you like your agent's legal authority to begin?

<u>For Client 1</u>	<u>For Client 2</u>
_____ Immediately upon signing	_____ Immediately upon signing
_____ When I become disabled	_____ When I become disabled
_____ Immediately as to my spouse, when I become disabled as to others	_____ Immediately as to my spouse, when I become disabled as to others

What extraordinary powers would you like to grant to your agent, if any?

1. Would you like your agent to have authority to make gifts of your assets on your behalf?

<u>For Client 1</u>	<u>For Client 2</u>
_____ Yes, if consistent with my objectives	_____ Yes, if consistent with my objectives
_____ Only for Medicaid planning purposes	_____ Only for Medicaid planning purposes
_____ No	_____ No
_____ Not sure, tell me more	_____ Not sure, tell me more

2. Would you like your agent to have expanded authority to change the beneficiaries of your nonprobate assets (such as life insurance, IRAs, 401K plans, annuities and trusts), to exercise powers of appointment, to make trust designations, and to have other similar powers?

<u>For Client 1</u>	<u>For Client 2</u>
_____ Yes	_____ Yes
_____ No	_____ No
_____ Not sure, tell me more	_____ Not sure, tell me more

⁷ A power of attorney appoints an agent to act on your behalf while you are living. A financial power of attorney in appoints an agent to handle your financial affairs.

HEALTH CARE POWERS OF ATTORNEY⁸

Who should have authority to make health care decisions for you as your agent while you are living?

	<u>For Client 1</u>	<u>For Client 2</u>
First choice:	_____	_____
Second choice:	_____	_____

When would you like your agent's legal authority to begin?

<u>For Client 1</u>	<u>For Client 2</u>
<input type="checkbox"/> Immediately upon signing	<input type="checkbox"/> Immediately upon signing
<input type="checkbox"/> When I become disabled	<input type="checkbox"/> When I become disabled
<input type="checkbox"/> Immediately as to my spouse, when I become disabled as to others	<input type="checkbox"/> Immediately as to my spouse, when I become disabled as to others

Would you like your agent to have authority to make health care decisions for your minor children, if any?

<u>For Client 1</u>	<u>For Client 2</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Not sure, tell me more	<input type="checkbox"/> Not sure, tell me more

Would you like your agent to have authority to make decisions regarding donating your organs?

<u>For Client 1</u>	<u>For Client 2</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Not sure, tell me more	<input type="checkbox"/> Not sure, tell me more

⁸ A health care power of attorney appoints an agent to make health care decisions for you.

HEALTH CARE DIRECTIVE

The purpose of the health care directive (also known as a “living will”) is to make known your desire not to receive artificial life-sustaining treatment if you are in a terminal or permanently unconscious condition.

A **terminal condition** means an incurable and irreversible condition caused by injury, disease, or illness, that, within reasonable medical judgment, will cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.

A **permanent unconscious condition** means an incurable and irreversible condition in which the patient is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from and irreversible coma or a persistent vegetative state.

Life-sustaining treatment means any medical or surgical intervention that uses mechanical or other artificial means to sustain, restore, or replace a vital function, which would serve only to prolong the process of dying. Life-sustaining treatment **does not** include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain.

In addition, your health care directive may express that you would like to receive artificially provided nutrition or hydration (i.e., a “feeding tube”). Hence, if your are diagnosed to be in a **terminal condition**:

For Client 1

_____ I DO want artificially provided nutrition & hydration

_____ I DO NOT want artificially provided nutrition & hydration

_____ I’m not sure, let’s talk about it

For Client 2

_____ I DO want artificially provided nutrition & hydration

_____ I DO NOT want artificially provided nutrition & hydration

_____ I’m not sure, let’s talk about it

If your are diagnosed to be in a **permanent unconscious condition**:

For Client 1

_____ I DO want artificially provided nutrition & hydration

_____ I DO NOT want artificially provided nutrition & hydration

_____ I’m not sure, let’s talk about it

For Client 2

_____ I DO want artificially provided nutrition & hydration

_____ I DO NOT want artificially provided nutrition & hydration

_____ I’m not sure, let’s talk about it