

ESTATE PLANNING QUESTIONNAIRE

Name of Client: _____ DOB: _____

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: _____

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 to learn more about a special needs trust? Yes _____ No _____

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 _____

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

WILL PROVISIONS

Personal Representative(s):² _____ Alternate(s): _____

Guardian(s):³ _____ Alternate(s): _____

Do you wish to make any **specific bequests**?⁴ Yes _____ No _____ Tell me more _____

Property: _____ Beneficiary: _____

Property: _____ Beneficiary: _____

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

_____ 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: _____

² Also known as the executor. This person has the legal authority to manage your estate and make distributions to your heirs.

³ This person has the legal authority to raise your children until they turn 18 years old.

⁴ A specific bequest is a gift of a specific piece of property, such as a car or a parcel of real property.

FINANCIAL POWER OF ATTORNEY⁵

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

First choice: _____

Second choice: _____

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

_____ Immediately upon signing

_____ When I become disabled

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?

_____ Yes, if consistent with my objectives

_____ Only for Medicaid planning purposes

_____ No

_____ 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?

_____ Yes

_____ No

_____ Not sure, tell me more

⁵ 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 POWER OF ATTORNEY⁶

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

First choice: _____

Second choice: _____

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

_____ Immediately upon signing

_____ When I become disabled

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

_____ Yes

_____ No

_____ Not sure, tell me more

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

_____ Yes

_____ No

_____ Not sure, tell me more

⁶ A health care power of attorney appoints an agent to make health care decisions for you.

HEALTH CARE DIRECTIVE (LIVING WILL)

The purpose of the health care directive to physicians, also known as a “living will” is to make known the desire of the person signing the document of his or her wish whether or not to have his or her life “artificially prolonged” in the case of any injury, disease, or terminal condition.

More specifically, a health care directive states whether you want artificial nutrition or hydration (a “feeding tube”) if you are in a **terminal condition** or in a **permanent unconscious condition**.

A **terminal condition** is 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.

Please select one of the following statements that best demonstrates your wishes:

If your are diagnosed to be in a **terminal condition**:

- ☐ 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**:

- ☐ I DO want artificially provided nutrition & hydration
- ☐ I DO NOT want artificially provided nutrition & hydration
- ☐ I’m not sure, let’s talk about it