
ESTATE PLANNING QUESTIONNAIRE INSTRUCTIONS

Please take 10-15 minutes to fill out this questionnaire. There is no need to enter personal information, such as addresses, more than once, simply list the name if the information is the same. If we are creating documents for a second person, please have them complete a questionnaire as well.

We just need general information on the assets. We do not need exact balances. You should not have to pull a financial statement or look at a bank account to answer any of these questions.

When you have completed this form, please email, fax or mail to our office. Once we have reviewed your information we will call you with our recommendations as to the type of plans that make sense for your situation.

Once we have been given approval to prepare the documents, we can schedule a date to come in and sign the documents. Should you have any questions about the questionnaire, please do not hesitate to contact our office.

The information requested will be used to assist us in preparing documents that will best meet your goals.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Confidential Client Worksheet

for Life & Estate Planning Purposes

By completing this questionnaire and bringing the documents identified below to your initial consultation, you can help ensure that our time together is productive and that our planning recommendations are appropriate for you. As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

PLEASE READ THE FINE PRINT BELOW:

Legal Names	When you list the name of a person or entity, whether of children, grandchildren, and of all persons that you would name as beneficiaries, health care agents, trustees, Executors, or guardians, please supply the full legal name, address and telephone number, if available.
Prior Wills, Trusts, Powers of Attorney	Gather together all prior or current wills, trusts, powers of attorney, or other estate planning documents that you may already have. Review these and note any changes you wish to make.
Deed	Bring either the original or a copy of all deeds to any real estate interests which you or your spouse/partner have in any real property.
Burial, Funeral, or Cremation	Gather together any documents regarding your funeral, burial, cremation, or any other planning that you intend. Be prepared to state any specific preferences or wishes you may want followed.
Couples	Bring Pre-Marital, Post-Marital Property Agreements, Domestic Partnership Agreement, if any.

Information about You and Your Spouse/Partner, or if you are Single, please use the Client 1 column.

CLIENT #1		CLIENT #2	
U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Legal Name:		Full Legal Name:	
Previous Names		Previous Names	
SSN:		SSN:	
Birth Date:		Birth Date:	
If Married, Wedding Month/Day/Year: ____/____/____ Pre-Marital Agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>			
City & State of Marriage:			
Home Address: City, County, State, Zip:			
Home Phone:		Email(s): <input type="checkbox"/> OK to contact by E-mail	
Other Phone: Employment: Cell:		Other Phone: Employment: Cell:	

Prior Marriages

If there have been any prior marriages, fill in the following chart:

Name of Prior Spouse	Date of Marriage	Date of Divorce	Date of Death
1			
2			
3			

Family Information

Please name all of your children. If a child is from a former marriage, please indicate whose child it is by listing the number of that spouse with the information of WHOSE child in the chart below. Please name all children you have ever had, including deceased children (whether or not their descendants will be included in your plan). Please note if the child is adopted or a step-child.

If you do not have any children, please list: (1) Names of Parents (living or deceased); (2) Name of each sibling (living or deceased); and (3) Name of each relative or friend you would wish to include as your beneficiary:

FULL LEGAL NAMES (of children, parents, siblings, or others as indicated)	Relationship	Whose? Client #1 = C1 Client #2 = C2 B = Both	Birth Dates	Single? Married? Divorced?

List any pets and attach any statement you may have of your wishes for their care:

Do any of the people identified above have any special mental, physical or educational needs? If so, please identify them and briefly describe your concerns for them.

Do you have any of the following? If so, please check all that apply.

Power of Attorney Health Care Directives Last Will & Testament Revocable Living Trust Irrevocable Trust

....."**Guardians** "Rt g'bgf 'I wctf kcpuj k
*“Back-up Parents” for Minor Children"cpf "dcmw "hqt "y qug"wpf gt"c'I wctf kcpuj k)

Who would you want to rear your minor children (i.e. under 18 years of age) to adulthood if they were orphaned? Who among your family and/or friends shares {ur religious and other core beliefs, values and ethics? **Note: A surviving biological parent is automatically the Guardian, absent other circumstances (e.g. they decline, are adjudged “unfit by a court, etc.).** "k'qxgt"3: .y j q'y qwf "{ qw'rng"q"dg'lp"ej cti g'h'c"i wctf kcpuj k "ku'pggf gf

Description	Guardian(s)
First Alternate	
Second Alternate	

Alternate Financial Managers
 (Successor Trustees, Personal Representatives, Etc.)

If you become unable to manage your own financial affairs, who would you want to manage things in your place? Note: You can name just one person to serve alone or you can name two or more to act together. Also, you may want a professional to serve, such as CPA or Corporate Fiduciary. **Note: If married/domestic partners, the spouse/partner is commonly the First Alternate.**

Description	CLIENT 1	CLIENT 2
First Alternate		
Second Alternate		
Third Alternate		

Health Care Decisions

If you are unable to make your own health care decisions, who would you want to make those decisions for you? **Note: If married/domestic partners, the spouse/partner is commonly the First Agent.**

Description	Health Agents For CLIENT 1	Health Agents For CLIENT 2
First Agent		
Second Agent		
Third Agent		

Address and Phone Numbers of Your Health Agent (other than your Spouse/Partner):

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Confidential Financial Summary

Description	CLIENT #1	CLIENT #2
Where Currently Employed or From Where Retired		

Real Estate Ownership

Street Address (list home first)	Purchase Price	Mortgage Balance	Current Market Value
1			
2			
3			
4.			
Totals	\$ _____	\$ _____	\$ _____ Note: Enter this amount under "Real Estate" in the "Asset Summary" below

Asset Summary

Current Estate Values for Purpose of Estimating Tax and Cost of Estate Settlement at Death:

Description	Client #1	Client #2	Jointly-Held Assets
Real Estate (Total from previous section)			
Cash, Checking, Money Market Accounts			
Savings, CD's (Do not include IRA's [see below for "Qualified Funds"])			
Stocks and Securities			
U.S. Savings Bonds, Notes, Bills			
Mutual Funds, Municipal Bonds			
Qualified Funds: Include IRA's, Pensions, 401K Plans, TSA's, etc.			
Motor Vehicles, include boats, RV's, etc.			
Personal Property, include: household			

furnishings, Jewelry, collectibles, recreation equipment, show animals, hobby supplies, coin collections, etc.			
Loans Receivable: This is money owed to you. Include money owed by children or other family			
Prospective Inheritance: If parents are still living, include your proportionate share of their current estate, regardless of their age or health.			
Agricultural Assets: Include any livestock, crops, equipment, machinery, coop shares, futures, etc.			
Business Ownership, include any professional practice, LLC, LLP, Corporation, Trade Association, or any business entity			
Business Equipment, include any personally owned business equipment, inventory, and machinery			
Life Insurance: List both cash value and death benefit for each. List company and policy number for each.			
Other Assets (not included above)			
Total Assets	\$	\$	\$

LIABILITIES

Description	CLIENT 1	CLIENT 2	JOINT
Mortgages: List any type of debt secured by a lien on real estate, including home improvement loans, etc.			
Auto Loans			
Credit Cards			
Personal Debts to Banks, Finance Cos.			
Personal Debts to Individuals, Others			
Amount Borrowed on Life Insurance			
Total Liabilities			

NET WORTH

Subtract Total Liabilities from Total Assets	\$	\$	\$
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Inheritance Planning

In our consultation, we will discuss any specific distributions and personal items you want addressed in your planning. Regarding everything else, however, what are your general objectives? Obviously, it is not possible to design a simple questionnaire that covers every situation. Simply ignore options that do not apply to your situation. For example, if you are not married or have no children, simply skip over those parts. Attach additional sheets as necessary. Check as many boxes as apply. If you are not sure, leave it blank and we will discuss the options during our meeting.

- A percentage or amount to Charity “off the top”? If so, identify the charity or charities, along with the share or % of your estate to be distributed, in table below.
- If Married or in Domestic Partnership:
 - All to Spouse or Partner, Then:
 - All to Children in equal shares, Then
 - To their spouses, Then
 - To their descendants, Then
 - Back to the other children/their descendants
 - Portion to Spouse/Partner, Then:
 - To Children in equal shares, Then:
 - To their descendants, Then:
 - Back to the other children/their descendants
- If Single:
 - All to Partner or Others
 - All to children in equal shares, Then
 - To their spouses, Then
 - To their descendants, Then
 - Back to the other children/their descendants
- To the persons who would normally receive my estate under state law (e.g. parents, then siblings, etc.)
- Other Distributions, in addition to or in lieu of the above? If so, use the table below.

Names of “Other Distribution” or “Charitable” Beneficiaries	Relationship	Share or % of Estate

Professional Advisor Information

Do you have any of the following professional advisors? [Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

2. **Investment/Financial Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

3. **Life Insurance Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

4. **Property/Casualty Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

5. **Other Attorney:** Yes No Not Sure

Attorney's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

Help Us Understand What Is Important To You.

Please rate the importance of the following 1 (Low) – 10 (High)

- _____ Ensuring that I don't lose control of my assets.
- _____ Ensuring that I don't lose access to my assets.
- _____ Avoid becoming a Burden to my loved ones.
- _____ Avoiding probate.
- _____ Protecting assets from creditors.
- _____ Protecting myself or another from nursing home costs.
- _____ Protecting children from creditors.
- _____ Planning for those with disabilities.
- _____ Protecting inheritance from Parents from risk of loss.
- _____ Keeping tax burden to family after I die.