

# ESTATE PLANNING QUESTIONNAIRE

(Married Couple)

Date: \_\_\_\_\_

## GENERAL INFORMATION

### HUSBAND

### WIFE

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Homeowner: Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Do you have a Financial Planner or CPA \_\_\_\_\_yes \_\_\_\_\_no / Insurance Rep. \_\_\_\_\_yes \_\_\_\_\_no

If yes and you would like a copy of your trust documents sent to them, please provide their information:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHILDREN

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent:     \_\_\_\_\_ Both  
              \_\_\_\_\_ Male Client's Child  
              \_\_\_\_\_ Female Client's Child

Disabled:                   Yes \_\_\_\_\_ No \_\_\_\_\_

Deceased:                  Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Beneficiary:       Yes \_\_\_\_\_ No \_\_\_\_\_ ("No" excludes child from inheritance)

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First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Parent:     \_\_\_\_\_ Both  
              \_\_\_\_\_ Male Client's Child  
              \_\_\_\_\_ Female Client's Child

Disabled:                   Yes \_\_\_\_\_ No \_\_\_\_\_

Deceased:                  Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Beneficiary:       Yes \_\_\_\_\_ No \_\_\_\_\_ ("No" excludes child from inheritance)

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**CHILDREN (Continued)**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Parent:**     \_\_\_\_\_ **Both**  
                  \_\_\_\_\_ **Male Client's Child**  
                  \_\_\_\_\_ **Female Client's Child**

**Disabled:**                         **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Deceased:**                       **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Primary Beneficiary:**         **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ ("No" excludes child from inheritance)

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**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Parent:**     \_\_\_\_\_ **Both**  
                  \_\_\_\_\_ **Male Client's Child**  
                  \_\_\_\_\_ **Female Client's Child**

**Disabled:**                         **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Deceased:**                       **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Primary Beneficiary:**         **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ ("No" excludes child from inheritance)

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**Add Additional Pages If Necessary**

***Whom do you wish to appoint as your personal representative(s) to act for you in the event of your death or incapacity?***

**Successor Trustee:** This will be the person(s) you designate to step into your shoes once both of you are deceased, to administer and distribute your assets according to the instructions set forth in your living trust. This is a position of considerable responsibility and it entails the highest civil duty and standard of care recognized by the law. Your Successor Trustee should be someone you can trust to undertake this responsibility or consider appointing a corporate fiduciary.

<u>Name</u>	<u>Relationship To You</u>
_____ (Primary) Address: _____ _____ Phone: _____	_____
_____ (Alternate 1) Address: _____ _____ Phone: _____	_____
_____ (Alternate 2) Address: _____ _____ Phone: _____	_____

**Executor:** This is the person you nominate to execute your Will. When you have a living trust, your Will gives everything you own to your trust, to be administered and distributed as set forth in your trust. This is commonly referred to as a "Pour-over Will." Most often, your Executor will be the same person(s) named as your Successor Trustee(s).

<u>Name</u>	<u>Relationship To You</u>
_____ (Primary) Address: _____ _____ Phone: _____	_____
_____ (Alternate 1) Address: _____ _____ Phone: _____	_____
_____ (Alternate 2) Address: _____ _____ Phone: _____	_____

**Durable Power of Attorney (for Assets):** We will prepare a general Power of Attorney granting your appointee (your “Agent”) the general authority to transact on your behalf with respect to your assets in the event you are determined by a physician to be incapacitated. In other words, here you name your personal representative with power to act while you are living, though incapacitated, and this power terminates upon your death. You may or may not wish to name the same person(s) whom you appoint as Successor Trustee(s).

<u>Name</u>	<u>Relationship To You</u>
_____	_____
(Primary)	
Address: _____	
_____	
Phone: _____	
_____	_____
(Alternate 1)	
Address: _____	
_____	
Phone: _____	
_____	_____
(Alternate 2)	
Address: _____	
_____	
Phone: _____	

**Conservator:** In the event that a court were to rule that it is in your best interest that a Conservator be appointed for you, you may name whom you wish to be appointed as Conservator. Often this will be the same person(s) named as your Agent(s) for Power of Attorney.

<u>Name</u>	<u>Relationship To You</u>
_____	_____
(Primary)	
Address: _____	
_____	
Phone: _____	
_____	_____
(Alternate 1)	
Address: _____	
_____	
Phone: _____	
_____	_____
(Alternate 2)	
Address: _____	
_____	
Phone: _____	

**Advance Healthcare Directive (a.k.a. “Living Will”):** We will prepare a document wherein you appoint your Agent(s) with the authority to make healthcare decisions for you upon the determination by a physician that you are incapacitated. In this document, you will also elect whether or not you wish to have prolonged administration of artificial life-support when it is medically apparent that you will not recover. You may or may not wish to appoint the same person(s) named as Agent(s) with Durable Power of Attorney.

<u>Name</u>	<u>Relationship To You</u>
<hr/> <div style="text-align: center;">(Primary)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>
<hr/> <div style="text-align: center;">(Alternate 1)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>
<hr/> <div style="text-align: center;">(Alternate 2)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>

**Guardian:** In the event that both of you were to die or become permanently incapacitated while one or more of your children are under the age of 18, you may appoint Guardian(s) to care for your minor children. Often “Co-Guardians” are named, i.e. a married couple.

<u>Name</u>	<u>Relationship To You</u>
<hr/> <div style="text-align: center;">(Primary)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>
<hr/> <div style="text-align: center;">(Alternate 1)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>
<hr/> <div style="text-align: center;">(Alternate 2)</div> <hr/> Address: _____ <hr/> Phone: _____ <hr/>	<hr/>

## **YOUR ASSETS**

### **REAL ESTATE**

#### **Primary Residence:**

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Type of Property:** \_\_\_\_\_

#### **Other Real Estate:**

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Type of Property:** \_\_\_\_\_

### **BUSINESS INTERESTS**

List any businesses owned by you here.

### **INVESTMENT PROPERTY**

List your investment assets here with approximate value, including IRAs and 401(k)s, brokerage accounts, interest bearing notes, etc.

### **INSURANCE**

List your personal insurance products here such as life insurance, annuities and/or long term care insurance.

**Attach Additional Pages As Necessary**