

ESTATE PLANNING QUESTIONNAIRE

Date: _____

GENERAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

U.S. Citizen: Yes _____ No _____

Date of Birth: _____

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)

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)

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**)

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**)

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>
_____ (Primary)	_____
Address: _____	

Phone: _____	
_____	_____
(Alternate 1)	
Address: _____	

Phone: _____	
_____	_____
(Alternate 2)	
Address: _____	

Phone: _____	

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>
_____ (Primary)	_____
Address: _____	

Phone: _____	
_____	_____
(Alternate 1)	
Address: _____	

Phone: _____	
_____	_____
(Alternate 2)	
Address: _____	

Phone: _____	

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