

# ESTATE PLANNING QUESTIONNAIRE

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

## GENERAL INFORMATION

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

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

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

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 / BENEFICIARIES**

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

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

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

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

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

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

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

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

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

\*\*\*\*

**CHILDREN / BENEFICIARIES (Continued)**

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

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

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

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

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

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

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

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

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

\*\*\*\*

**Add Additional Pages If Necessary**

**DISPOSITION OF ESTATE**

**Special Gifts (Optional):** Please indicate any specific gifts of real or personal property that you wish to leave to a specific person (i.e., gifts or jewelry to a particular child, or charitable gifts, such as to a church, temple or organization).

Item or Amount:	Recipient, City and State:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Remainder of Estate:** How do you wish the remainder of your estate to be distributed? (Please select from the options below.)

A. \_\_\_\_\_ Equally between children, and if a child did not survive, the deceased child's children will split the share of the deceased child.

Outright \_\_\_\_\_                      In Trust \_\_\_\_\_

B. \_\_\_\_\_ Percentage Allocation: Please indicate the specific percentage of your estate and the intended recipient.

Percentage:	Recipient, City and State:
1. _____ % to	_____
2. _____ % to	_____
3. _____ % to	_____
4. _____ % to	_____

C. \_\_\_\_\_ As follows: (If neither A nor B apply, please indicate your distribution preference below.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISPOSITION OF ESTATE (Continued)**

**Age of Distribution to Beneficiaries (Optional):** At what age may each child or beneficiary receive his or her share? You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 25, or 1/2 at 30, and the balance at 35. You may use any age or combination of ages that you choose.

---

---

---

---

**Ultimate Distribution:** It is advisable to provide for the distribution of your property if neither your children nor other beneficiaries named above survive you. (Common choices include your heirs or a charity).

Percentage:

Recipient, City and State:

- 1. \_\_\_\_\_ % to
- 2. \_\_\_\_\_ % to
- 3. \_\_\_\_\_ % to
- 4. \_\_\_\_\_ % to

---

---

---

---

Other: If you have another preference not specified, please indicate below.

---

---

---

---

***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>
<hr/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<hr/>

**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>
<hr/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<hr/>

**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>
<hr/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<hr/>

**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>
<hr/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<hr/>

**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/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<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/> <p style="text-align: center;">(Primary)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 1)</p> Address: _____ _____ Phone: _____ _____	<hr/>
<hr/> <p style="text-align: center;">(Alternate 2)</p> Address: _____ _____ Phone: _____ _____	<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