

Confidential Estate Planning Questionnaire

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 estate planning recommendations are appropriate for you. If you have questions or concerns about any of the questions below, they can be addressed at your initial consultation.

As you answer questions, attach additional sheets and explanations as necessary. Note: Not all of the questions will apply to your unique circumstances.

Please bring this completed questionnaire to your initial consultation, along with copies or originals of the following documents that you have available:

- 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);
- all deeds to any real estate interests which you or your spouse have in any real property, including your home, vacation property, rental property, time shares, mineral/oil deeds or leases, burial lots, etc. (we will copy and return originals);
- property tax statement(s) you have received for each piece of real property that you own;
- any documents regarding your funeral, burial, cremation, organ donation, or any other planning that you intend; and
- pre-marital or post-marital property agreements, if any.

A. Personal Information

Client 1:

Full Legal Name: _____ Date of Birth: _____

SSN: _____ Phone(s): _____

U.S. Citizen: Yes No Previously Used Names: _____

Email(s): _____ Confidential to you & spouse? Yes No

Street/Mailing Address(es): _____

City: _____ County: _____ State: _____ ZIP: _____

Married Single Divorced Widowed Date, City, State of Marriage: _____

Client 2/Spouse:

Full Legal Name: _____ Date of Birth: _____

SSN: _____ Phone(s): _____

U.S. Citizen: Yes No Previously Used Names: _____

Email(s): _____ Confidential to you & spouse? Yes No

(Throughout the questionnaire, where applicable, please indicate C1/C2, or H/W, or first names.)

Please list any serious health concerns: _____

Preferred Method of Billing: Conventional Mail ("Postal Mail") Email (Whose? _____)

Past Estate Planning: Do you have any of the following? (Check all that apply and bring copies to initial meeting)

- | | | |
|---|--|--|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Health Care Directive | <input type="checkbox"/> Last Will & Testament |
| <input type="checkbox"/> Revocable Living Trust | <input type="checkbox"/> Irrevocable Trust | <input type="checkbox"/> Pre-Marital Agreement |

D. Planning for Minor Children

If you have minor children (under the age of 18), who among your family and/or friends would you want to raise your children to adulthood? *Note: A surviving biological parent is automatically the Guardian, absent other circumstances.

Please complete the **Contact Information** page at the end of this questionnaire for **each** person listed below.

First in line: _____ Relationship: _____

Second in line: _____ Relationship: _____

E. Financial Decision-Making

If you become unable to manage your own financial affairs, who would you want to manage things in your place? Who would you want to serve as your Personal Representative, Successor Trustee, or Agent under a Property Power of Attorney? We recommend you name at least two people in addition to your spouse. If you would like to consider using a professional to manage your financial affairs when you are unable (e.g., filing tax returns, managing retirement accounts), please check the box so we can discuss your options at your initial meeting: **Note: If married, the spouse is commonly the First Alternate.**

Please complete the **Contact Information** page at the end of this questionnaire for **each** person listed below.

Client 1:

First Alternate: _____ Relationship: _____

Second Alternate: _____ Relationship: _____

Third Alternate: _____ Relationship: _____

Fourth Alternate: _____ Relationship: _____

Client 2/Spouse:

First Alternate: _____ Relationship: _____

Second Alternate: _____ Relationship: _____

Third Alternate: _____ Relationship: _____

Fourth Alternate: _____ Relationship: _____

F. Health Care Decision-Making

Considering that the people named above would be managing tax returns, finances, etc., who are the people who you want making decisions about surgeries, where you live, in-home care, and other such decisions, when you are unable (e.g., you have long-term Alzheimer's)? **Note: If married, the spouse is commonly the First Alternate.**

Please complete the **Contact Information** page at the end of this questionnaire for **each** person listed below.

Client 1:

First Alternate: _____ Relationship: _____

Second Alternate: _____ Relationship: _____

Third Alternate: _____ Relationship: _____

Fourth Alternate: _____ Relationship: _____

Client 2/Spouse:

First Alternate: _____ Relationship: _____

Second Alternate: _____ Relationship: _____

Third Alternate: _____ Relationship: _____

Fourth Alternate: _____ Relationship: _____

G. Financial Summary

a. Income

Please list your current annual income and expected significant increases/decreases:

Client 1:

1. Source/Employer: _____ Income: _____

Expected Increases: _____

2. Source/Employer: _____ Income: _____

Expected Increases: _____

Client 2/Spouse:

3. Source/Employer: _____ Income: _____

Expected Increases: _____

4. Source/Employer: _____ Income: _____

Expected Increases: _____

Total Combined Annual Income: _____

b. Assets

Have you ever filed a gift tax return? If so, what year(s) did you file? _____

Do you have a safe deposit box? If so, where is it maintained, and whose names are on the agreement? _____

Do you have any assets in a foreign country? If so, please describe: _____

Do you expect to receive any type of inheritance? If so, please describe: _____

i. Real Estate Ownership

Please list all of your real property by street address, county, and state, including the approximate market value and any mortgage balance. Please indicate any property co-owned with **anyone** other than your spouse. If available, please include a copy of the most recent real estate tax bill or statement for each tax parcel.

Total Approx. Value of Real Estate: _____

ii. Banking/Investment Assets (Excluding Retirement Assets)

Please list all financial institutions where you hold non-retirement assets. For each institution, please indicate the type of account (including checking, savings, CDs, stocks/bonds/brokerage, etc.) and the approximate balance of each account. Or, ideally, list the name of each institution here, and attach the most recent statement showing all accounts and subaccounts, name(s) on accounts, account types, and balances. If married, indicate any that are not community funds.

Total Approx. Value of Banking/Investment Assets: _____

iii. Retirement Assets

Please list, by client, all institutions or employers holding retirement assets (including IRA, 401(k), Roth IRA, SEP, etc.). Please provide us the account type and the approximate balance. Or, ideally, list the name of each institution or employer here, and attach the most recent statement showing all accounts, name(s) on accounts, account types, and balances.

Total Approx. Value of Retirement Assets: _____

iv. Other Financial Assets Not Held at an Institution

Please list the type of asset and approximate value of financial assets held by you (e.g., in a safe, safe deposit box, or otherwise) such as stocks/securities held directly with a company and not in a brokerage account, savings bonds, gold, silver, cash, or coins.

Total Approx. Value of Other Financial Assets: _____

v. Vehicles

Please list titled vehicles and non-titled vehicles (or, list the types you have, e.g., cars, ATVs, RVs, boats) and the approximate total value of all vehicles (individual values are unnecessary). If you have an airplane, please include the tail number. Do not include any vehicles or airplanes titled to a business entity; include that value below in item viii.

Total Approx. Value of Vehicles: _____

vi. Life Insurance Policies

Please list all institutions or employers with which you hold life insurance. For each, please indicate **(W)**hole life, approximate current cash value and death benefit; or **(T)**erm policy, death benefit, and term end date/year. Or, list each institution or employer here, and attach a recent statement showing each policy, its death benefit, cash value, and/or term.

Total Approx. Value of Death Benefits: _____

vii. Loans Receivable

Does anyone owe you money that is being repaid during your lifetime, or that you wish to be repaid at your death out of their share of your estate? Please attach copies of any promissory notes, loan agreements, ledgers or other documents maintained to track this receivable. Approximate balances or values are sufficient.

Total Approx. Value of Loans Receivable: _____

viii. Business Interests

Please list any stock in any corporation or membership interest in any LLC or any other business interest that you own. Please list the entity's legal name, state of formation, your interest in the business, and approximate FMV of your interest.

Total Approx. Value of Business Interests: _____

ix. Equipment and Agricultural Assets

Please list any agricultural assets or business equipment that you own personally, such as livestock, stocks, equipment, machinery, inventory, co-op shares, or futures. Do not include any assets titled to a business entity. Please describe each asset or type, its approximate FMV, and where it is located.

Total Approx. Value of Equipment & Agricultural Assets: _____

x. Other Assets

Please list any other asset you own anywhere in the world not described above, such as mineral interests, or oil leases, season ticket agreements, items of tangible personal property with exceptional value (such as artwork or jewelry), or any other asset that will require administration at your death. Include the asset's approximate fair market value.

Total Approx. Value of Other Assets: _____

TOTAL APPROX. VALUE OF COMBINED ESTATE: (1) _____

c. Liabilities

Please list, and provide the approximate value of, any financial liabilities you have, including mortgages (and home improvement loans secured with a lien on real estate), auto loans, credit cards, personal debts to banks or finance companies, personal debts owed to individuals and/or payments borrowed on life insurance. You do not need to list credit cards that you pay off each month.

TOTAL APPROX. VALUE OF ALL LIABILITIES: (2) _____

APPROX. TAXABLE ESTATE: (1 minus 2) _____

H. Gifts at Your Death

Please list any specific distributions to charities or individuals other than to your residuary beneficiaries listed below.

Please complete the Contact Information page at the end of this questionnaire for each person listed below.

Once the gifts above have been made, how do you wish for your remaining estate be divided?

- All to descendants, per stirpes (this will leave a share to each child and the share for any deceased child will pass to their surviving descendants).
- To the persons who would normally receive my estate under state law (e.g., parents, then siblings, etc.)
- To other individuals or entities:

- | | |
|-----------------------|-------------------------|
| 1. Beneficiary: _____ | Share/Proportion: _____ |
| 2. Beneficiary: _____ | Share/Proportion: _____ |
| 3. Beneficiary: _____ | Share/Proportion: _____ |

I. Professional Advisors

If you have any of the following advisors, please list their information:

Initial here to give us permission to share information relevant to each advisor, e.g., we will not ordinarily describe other assets you own to your financial advisor or insurer; but we may share the total value of your estate with your CPA.

1. Accountant/Tax Advisor:

Name: _____ Company: _____ City/State: _____

Email: _____ Phone(s): _____

2. Investment/Financial Advisor:

Name: _____ Company: _____ City/State: _____

Email: _____ Phone(s): _____

3. Life Insurance Agent:

Name: _____ Company: _____ City/State: _____

Email: _____ Phone(s): _____

4. Property/Casualty Insurance Agent:

Name: _____ Company: _____ City/State: _____

Email: _____ Phone(s): _____

5. Other Attorney:

Name: _____ Company: _____ City/State: _____

Email: _____ Phone(s): _____

Any other notes or information you wish to share with us:

Contact Information

(duplicate as needed)

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____

Legal Name (including middle initial): _____ Relationship: _____

Address: _____ City, State, ZIP: _____ Phone(s): _____

Check here if you expect this person to have a new address in the next ___ months/years. _____