

ESTATE PLANNING QUESTIONS*

* This is a questionnaire intended to help your attorney draft documents for your estate plan. It is not intended to be comprehensive or intend to convey any advice. Please print this and either write or type your responses.

GENERAL INFORMATION:

1. Full Name _____

Social Security Number ____ - ____ - ____

Date of Birth ____ / ____ / ____

2. Spouse's Full Name _____

Social Security Number ____ - ____ - ____

Date of Birth ____ / ____ / ____

3. Home Address _____

Home Telephone () - ____

Fax: () - ____ E-mail: _____

4. Work Address _____

Work Telephone () - ____

Fax: () - ____ E-Mail: _____

5. Spouse's Work Address _____

Spouse's Work Telephone () - ____

Fax: () - ____ E-Mail: _____

FAMILY INFORMATION

1.	Child Name/Address	Date of Birth	Social Security #
	_____	/ /	- -

	Grandchild(ren) Name(s)	Date of Birth	Social Security #
1(a)	_____	/ /	- -
1(b)	_____	/ /	- -
1(c)	_____	/ /	- -

2.	Child Name/Address	Date of Birth	Social Security #
	_____	/ /	- -

	Grandchild(ren) Name(s)	Date of Birth	Social Security #
2(a)	_____	/ /	- -
2(b)	_____	/ /	- -
2(c)	_____	/ /	- -

3.	Child Name/Address	Date of Birth	Social Security #
	_____	/ /	- -

	Grandchild(ren) Name(s)	Date of Birth	Social Security #
3(a)	_____	/ /	- -
3(b)	_____	/ /	- -
3(c)	_____	/ /	- -

Have you had any child predecease you? No Yes

If yes, please list the name of each such child _____

Did any such predeceased child have any child(ren)? No Yes

If yes, please identify each such child and the name/birth date of each corresponding grandchild

Is there any child / grandchild named above who is considered to be a family member but who is not actually your natural descendant and has not been adopted by you or your child?

No Yes If yes, please identify each such person _____

Is any child / grandchild named above disabled or specially challenged in any way?

No Yes If yes, please identify each such person _____

Marriage Information:

Date of Marriage ____ / ____ / ____

Any prior Marriages? Yes No

Children of Prior Marriage? Yes No

If so, please indicate which of those children above belong to which parent.

Prenuptial Agreement? Yes No

If so, please provide a copy.

ESTATE PLANNING INFORMATION:

1. Do you have a current will? Yes No

If so, please provide a copy.

2. Do you have a current trust? Yes No

If so, please provide a copy.

3. Are you the beneficiary of an estate or trust? Yes No

If so, please provide a copy.

4. Do you hold a safe deposit box? Yes No

If so, where? _____

5. Are you a U.S. Citizen? Yes No

6. Is your spouse a U.S. Citizen? Yes No

ASSETS:

Insert the Fair Market Value of Asset

Description of Assets:	Husband	Wife	Joint	Funding
Checking Account:				
Savings Account:				
Certificates of Deposit				
Treasury Bills/Notes				
Stocks and Bonds				
Brokerage Accounts				
<Margin Account Balance>	< >	< >	< >	
IRA accounts				
Pension Plans				
<Loan Balance>	< >	< >	< >	
Real Estate – Personal Residence				
<Mortgage Balance>	< >	< >	< >	
Other Real Estate				
<Mortgage Balance>	< >	< >	< >	
Tangible Personal Property				
Insurance Policies				
Automobiles				
Family Business				
<Notes Payable>	< >	< >	< >	
Corporation (or Interest in)				
<Notes Payable>	< >	< >	< >	
Partnerships (or Interest in)				
<Notes Payable>	< >	< >	< >	
Other Assets: (specify)				
<Notes Payable>	< >	< >	< >	
PLEASE TOTAL COLUMNS:				
GRAND TOTAL:				

ESTATE PLANNING OBJECTIVES

1. What particular objectives would you like your estate plan to accomplish?

2. How would you like to divide your property upon your death?

Name of person/group: _____

Property to given: _____

If the named person dies before you, who will receive it next? _____

Name of person/group: _____

Property to given: _____

If the named person dies before you, who will receive it next? _____

Name of person/group: _____

Property to given: _____

If the named person dies before you, who will receive it next? _____

Name of person/group: _____

Property to given: _____

If the named person dies before you, who will receive it next? _____

Name of person/group: _____

Property to given: _____

If the named person dies before you, who will receive it next? _____

3. Charitable Bequests, if any _____
(name organization and amount) _____

4. Specific Bequests, if any _____
(i.e., jewelry, furniture, cash) _____

5. Residue Clause _____
(In the event of a family _____
catastrophe, i.e., no children or _____
grandchildren survive you, _____
where would you like your assets _____
to go? Other family members?) _____

6. Special Instructions _____
(i.e., burial, cremation, _____
anatomical gift of body,) _____

Do you have a prepaid funeral or cremation plan? Yes No

Have you selected a burial/disposition site? Yes No

Do you have any specific burial requests or directions? Yes No

Do you have long term care insurance? Yes No

TRUSTEES, EXECUTORS, GUARDIANS, AGENTS

Executor: An executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute property to trustees or other beneficiaries you have named. You should consider designating more than one executor to serve jointly or successively.

Executor Name	Relationship	Address and home, work, cell phones

Trustee: *(If you are in need of a trust)* A trustee has the responsibility for the management of property that is to be held in trust for the benefit of the beneficiaries of the trust. A trustee can be either an individual or a corporation qualified to act as a trustee (such as a bank or trust company). You should consider designating more than one trustee to serve jointly or successively.

Trustee Name	Relationship	Address and home, work, cell phones

Guardian: A guardian is someone you nominate to have physical care and custody of your minor children if both natural parents are disabled or deceased. You can also nominate someone to be your own guardian in the event of your own disability. You should consider nominating more than one guardian to serve in succession.

Guardian Name	Relationship	Address and home, work, cell phones

Attorney-in-Fact: An Attorney-in-Fact is someone you authorize to act on your behalf during your lifetime in the management of your affairs and assets that are not covered by a lifetime Trustee. They will serve under your Durable Power of Attorney. You should consider appointing more than one Attorney-in-Fact to serve jointly or successively.

Attorney-in Fact Name	Relationship	Address and home, work, cell phones

Health Care Agent: A Health Care Agent has the responsibility to make decisions regarding your health care treatment when you are unable to give informed consent. If you wish to include a Health Care Power of Attorney in your estate plan, you might also consider naming at least one physician whom you wish to make or help make certain critical, medical determinations. You should consider appointing more than one health care agent to serve jointly or successively.

Agent Name	Relationship	Address and home, work, cell phones

Would you like to include any religious statements in your healthcare documents or specifically allow your Attorney-In-Fact to purchase religious materials for you in the event of your incapacity?

Yes No

If so, please indicate your faith: Christian Jewish Other _____

LIVING WILL QUESTIONS

If my condition is determined to be terminal and incurable, I would authorize the following:

- Withhold or discontinue extraordinary means only.
- In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

If I am in a persistent vegetative state, I would authorize the following:

- Withhold or discontinue extraordinary means only.
- In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

KEY ADVISORS. Please list the names and addresses of your various advisors.

1. Family Doctor's Name: _____
(Living Will and Medical Power of Attorney filed w/ medical records) _____

2. Insurance Agent's Name: _____
Insurance Company: _____
Telephone Number: () - _____

3. Accountant's Name: _____
Firm name and/or address: _____
Telephone Number: () - _____

4. Financial Advisor's Name: _____
Company name and/or address: _____
Telephone Number: () - _____