

**ESTATE PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE**

This questionnaire has been prepared to assist you in assembling information necessary for the estate planning process. Your completion of this questionnaire, and my review of it with you, will enable me to know something of your family and your expectations so that I can assist you in making your estate planning decisions. The information you provide regarding your family and your plan for disposing of your estate can be incorporated into either a will or a living trust. A part of our time may be spent discussing the differences between a will and a living trust.

Where names are requested, please provide the persons complete name together with their address, including street, city, state and zip code.

In addition, it is important that you bring to an initial conference the following information:

- The estate planning net worth work sheet being provided;
- A copy of your current will, trust, power of attorney for property, power of attorney for health care, etc.; and
- Any other information you believe appropriate.

Please do not become discouraged, if you cannot provide all of the information requested. You should complete as much as you can easily do. Please keep the scheduled appointment; you can provide the remainder of the information after our meeting.

1. **YOUR NAME**, as you customarily use for legal purposes:

Your full legal name and other names you are, or have been, known by:

Your nickname (if any): _____

2. **SPOUSE'S NAME**, as your spouse customarily use for legal purposes:

Spouse's full legal name and other names spouse is, or has been, known by:

Spouse's Nickname (if any): _____

3. Date of **MARRIAGE**: _____

Place of marriage: _____

Agency issuing marriage license: _____

4. Are you a United States **CITIZEN**? Yes / No

Is your spouse a United States citizen Yes / No

5. County of **RESIDENCE**: _____

Street address, city, state and zip code of residence:

Home telephone: _____ Work telephone: _____

Does your spouse reside somewhere else? Yes / No

If yes, please provide your spouse's street address, city, state and zip code.

Do you or your spouse spend substantial time outside your state of residence? Yes / No

If yes, please describe:

6. Your **DATE OF BIRTH**: _____

Your place of birth (city, and state or country):

Spouse's date of birth: _____

Spouse's place of birth (city, and state or country):

7. Were you **PREVIOUSLY MARRIED**? Yes / No

Was your spouse previously married? Yes / No

If yes, then please complete the following:

a. Previous marriage of: _____

Name of former spouse: _____

Marriage ended as a result of: Death / Divorce

If death, indicate date of death: _____
Provide copy of death certificate, if available.

If divorce, indicate date of final divorce decree: _____
Provide copy of final divorce decree.

If divorce, are there any remaining obligations? Yes / No

b. Previous marriage of: _____

Name of former spouse: _____

Marriage ended as a result of: Death / Divorce

If death, indicate date of death: _____
Provide copy of death certificate, if available.

If divorce, indicate date of final divorce decree: _____
Provide copy of final divorce decree.

If divorce, are there any remaining obligations? Yes / No

8. Do you and your spouse have any **CHILDREN**: Yes / No

If yes, please provide the following information:

Name of child	Birth Date	Residence	Parent
			Both/ You/ Spouse
			Both/ You/ Spouse
			Both/ You/ Spouse
			Both/ You/ Spouse
			Both/ You/ Spouse

a. Are any of the children adopted? Yes / No

If yes, list their names: _____

b. Are any of the children handicapped, are any of the children in need of special attention, or do any of the children have a learning disability? Yes / No

If yes, list their names and describe their needs:

c. Have any other children ever resided in a home that you or your spouse maintained, such as foster children or step children from a prior marriage?

You: Yes / No

Spouse: Yes / No

If yes, please provide me a complete list of the children on a separate sheet of paper, and for each child provide: the child's complete name; whether the child resides with you or your spouse; the child's current address; the child's date of birth; the child's relationship to you or your spouse; and the names of the child's parents.

9. Are there **OTHER PERSONS THAT ARE DEPENDENT** upon either you or your spouse?

You: Yes / No

Spouse: Yes / No

If yes, please provide me a complete list of those persons on a separate sheet of paper, and for each person provide: the person's complete name; the person's current address; the person's date of birth; and the person's relationship to you.

10. Do you currently have an estate plan? Yes / No

If yes, briefly explain: _____

Does your spouse have an estate plan: Yes / No

If yes, briefly explain: _____

Please provide copies of your current estate planning documents, including wills, revocable living trusts, irrevocable life insurance trusts, durable powers of attorney for health care, directive to physician, living will, durable power of attorney for property management (or financial affairs), and irrevocable trusts of others which name you as a beneficiary.

11. **PROVISIONS FOR SPOUSE.** If you are married and your spouse is living at your death, please select the disposition that most clearly reflects your intentions for the dispositions of your estate.

Description of option	You	Spouse
Outright gift to surviving spouse, with surviving spouse having right to dispose of assets on surviving spouse's death.	Yes In part No	Yes In part No
Gift to surviving spouse in trust with remaining assets passing to children (or other heirs) on surviving spouse's death, as you designated.	Yes In part No	Yes In part No
Gift to surviving spouse in trust with remaining assets passing to children (or other heirs) on surviving spouse's death, as surviving spouse may you designated.	Yes In part No	Yes In part No

Description of option	You	Spouse
Direct gift to children, outright or in trust.	Yes In part No	Yes In part No
Other disposition, please describe:		

12. **PROVISIONS FOR OTHERS.** If you are not married, or your spouse is deceased at your death, please select the disposition that most clearly reflects your intentions for the dispositions of your estate.

Description of option	You	Spouse
Outright gift to children.	Yes In part No	Yes In part No
Gift to trustee or custodian to retain for the support and benefit of the children until the children obtain a specified age.	Yes In part No	Yes In part No
Single distribution at age 25, 30 or 35		
Two distributions at ages 25 & 30, <u>or</u> 30 & 35.		
Three distributions at ages 25 & 30 & 35, <u>or</u> 30 & 35 & 40.		
Gift to a child in trust so that there is the possibility of reducing the estate taxes due at the child's death.	Yes In part No	Yes In part No
And then, the child can be given the power to direct to whom the property is distributed at the child's death.	Yes In part No	Yes In part No
Gift for a child with a special need in trust so that there is a source of support to supplement other support available for the child.	Yes In part No	Yes In part No
Other disposition, please describe:		

13. **TRUSTEES.** If you or your spouse indicated that a trust was to be established for the benefit of the surviving spouse or the children, please provide the trustee's complete name, address and relationship. The trustee can be the surviving spouse, another individual or a bank trust department.

	You	Spouse
Trustee		
First Alternate		
Second Alternate		
Third Alternate		

14. **PERSONAL PROPERTY.** At your death, do you or your spouse wish to make gifts of specific items of personal property such as jewelry, antiques, or collectibles?

You: Yes / No

Spouse: Yes / No

If yes, please prepare a complete list of such items, on a separate sheet of paper, listing: (a) each item so that it can be easily identified; (b) the beneficiary's complete name, date of birth, address, and relationship to you or your spouse; and (c) when the gift is to be made (such as on your death, or on your death if your spouse is not living). Then attach the list to this questionnaire.

15. **CASH GIFTS.** At your death, do you or your spouse wish to make gifts of specific sums of cash to persons other than your spouse?

You: Yes / No

Spouse: Yes / No

If yes, please prepare a complete list of the cash gifts on a separate sheet of paper listing: (a) the exact amount of the gift; (b) the beneficiary's complete name, date of birth, address, and relationship to you or your spouse; and (c) when the gift is to be made (such as on your death, or on your death if your spouse is not living). Then attach the list to this questionnaire.

16. **CHARITABLE GIFTS.** Do you or your spouse wish to make any gift to a charitable, religious, educational, or governmental organization?

You Yes / No

Spouse Yes / No

If yes, please indicate on additional paper the organization's complete name and address, the cash amount or property being given, and when the gift is to be made (such as on your death, or on your death if your spouse is not living).

17. **ALTERNATE TAKERS.** If you die in a common disaster with your children (or if you are not married and have no children), where and to whom do you want your property to go? Please provide complete names and addresses of the individuals and organizations.

18. **EXECUTOR.** Whom do you and your spouse desire to nominate as the executor of each or your wills? The executor is the individual or bank trust department that settles your probate estate. You may nominate any competent individual eighteen (18) years of age or older. Please provide the executor's

complete name, address and relationship to you. If the person named is unable to serve, you can name an alternate to serve.

	You	Spouse
Executor		
First Alternate		
Second Alternate		
Third Alternate		

19. **GUARDIAN OF MINORS.** If you and your spouse are deceased, and any of your children are minors, whom do you desire to nominate in your will as the guardian to the person, and guardian of the estate, of your children? The guardian of the person will be responsible for the raising of your children until they attain age eighteen (18). The guardian of the estate will be the person responsible for managing your children's assets until they attain age eighteen (18), unless you have named a custodian or a established trust for them. Please provide the guardian's complete name, address and relationship to you or your spouse. If the person named is unable to serve, you can name an alternate to serve.

	Guardian of the person	Guardian of the Estate
Guardian		
First Alternate		
Second Alternate		
Third Alternate		

20. **LIVING TRUST.** Frequently, at the center of a married or single client's estate plan is a Revocable Living Trust. It is easily understood as an agreement entered into between several parties for the purpose of managing assets. The individual who creates the trust is called the grantor (or settlor or trustor). The individual who manages the assets is called the Trustee and those who receive benefits from the trust are called beneficiaries. During your lifetime, you may act in all three capacities.

Do you wish to establish a revocable living trust?

You Yes / No

Spouse Yes / No

If yes, whom do you desire to nominate as trustee of the trust assets? Please provide the trustee's complete name, address and relationship. The trustee can be yourself, another individual or a bank trust department. If the person named is unable to serve, you can name an alternate to serve.

	You	Spouse
Trustee		
First Alternate		
Second Alternate		
Third Alternate		

If no, do you or your spouse wish to discuss a living trust?

You: Yes / No

Spouse: Yes / No

21. **TRUSTS OF OTHERS.** Are you or your spouse the beneficiary of a trust established by some one else?

You: Yes / No

Spouse: Yes / No

Do you or your spouse have the power to designate the beneficiary or trustee of a trust established by some one else?

You: Yes / No

Spouse: Yes / No

If yes, please list on a separate sheet of paper the following: the name of the person who established the trust; the relationship of the person who established the trust to you or your spouse; the name address and telephone number to the trustee; and if the trustee is a bank or trust company, the name, address and telephone number of the trust manager, and the account number for the trust.

Please attach a copy of the trust document if it is available.

22. **DURABLE POWER OF ATTORNEY FOR HEALTH CARE.** You and your spouse have the power to name someone to make your medical care decision for you should you be unable; to make them for yourself, and you have the power to instruct that person on what decisions should be made for your care by preparing a durable power of attorney for health care. Do you or your spouse want to prepare a durable power of attorney for health care?

You: Yes / No

Spouse: Yes / No

If yes, please provide the information requested below:

Description	You	Spouse
Do you want to include instructions for withdrawing treatment if you have a terminal condition?	Yes / No	Yes / No
Do you want to include instructions for withdrawing treatment if you are in an irreversible coma or a persistent vegetative state?	Yes / No	Yes / No
If medical treatment is to be withdrawn, do you want to include intravenous, etc., providing of food and water as part of the medical treatment to be withdrawn?	Yes / No	Yes / No
If you do <u>not</u> required hospitalization, would you prefer to be cared for in your home to the extent practical?	Yes / No	Yes / No
If you do <u>not</u> required hospitalization, would you prefer to be cared for at residential care home to the extent practical?	Yes / No	Yes / No
Would you want your care to continue at home if it would impose a daily duty or task on your family or friends.	Yes / No	Yes / No
Do you want to include instructions for your burial, cremation, and/or funeral service?	Yes / No	Yes / No
If yes, please describe:		
Regarding anatomical gifts, do you want to prohibit, provide for. or make to provision?		
Do you have any religious or philosophical beliefs that the person you appoint is to consider?	Yes / No	Yes / No

If you have any other concerns or special instructions that you wish to have included, please write them out on a separate sheet of paper.

Is there someone that you do not want to be involved in the process of making your health care decisions for you?

You: Yes / No

Spouse: Yes / No

If yes, please list on a separate sheet of the paper the name of each person, each persons address and telephone number, and each person's relationship to you or your spouse.

List below the names of the person you want to name as your agent under your durable power of health care. Please provide the trustee's complete name, address, telephone number, and relationship. If the person named is unable to serve, you can name an alternate to serve.

	You	Spouse
Agent		
First Alternate		
Second Alternate		
Third Alternate		

23. **DURABLE POWER OF ATTORNEY FOR PROPERTY MANAGEMENT.** You and your spouse have the power to name someone to manage your property and your financial affairs for you if you are unable to do so yourself by preparing a durable power of attorney for property management (or financial affairs). This provides a means for you to avoid a conservatorship of your estate. If you are trying to avoid a conservatorship, you should probably prepare a durable power of attorney for property management even if you are going to establish a revocable living trust. Do you and your spouse want to establish a durable power of attorney for property management?

You: Yes / No

Spouse: Yes / No

If yes, list below the names of the person you want to name as your agent under your durable power of attorney for property management (or financial affairs). Please provide the agent's complete name, address, telephone number, and relationship. If the person named is unable to serve, you can name an alternate to serve.

	You	Spouse
Agent		
First Alternate		
Second Alternate		
Third Alternate		

24. **PERSONAL ADVISORS.** Would you and your spouse please provide me with a list of your personal advisors. For each advisor please provide me with the name of your advisor, the company he works for, his complete address, and his telephone number.

	You	Spouse
Accountant		
Tax advisor		
Stockbroker		

	You	Spouse
Financial planner		
Banker		
Doctor		
Dentist		
Clergyman		
Insurance Agent		
Other Attorney		

25. Please provide me with the following **ADDITIONAL PERSONAL INFORMATION**. This information will be useful, but not necessary, for your estate planning; however, it may prove to be very valuable to your trustee or executor when they are called upon to serve.

	You	Spouse
Social Security Number		

	You	Spouse
Employer's name, address and telephone number.		
Your occupation or profession. If retired, your occupation or profession at retirement.		
Do you have a safety deposit box.		
Location of safety deposit box and box number.		
Location of safety deposit box key; or name, address and telephone number of person who knows location of key.		
Are you a veteran?		
Location of discharge papers; <u>OR</u> branch of service, service I.D. number and discharge date.		
Location of birth certificate.		
Location of marriage certificate.		
Location of citizenship papers.		
Location of deeds, title insurance, deeds of trust, promissory notes, abstracts, etc.		
Location of life insurance policies.		
Location of stock and bond certificates.		
Do you own a cemetery plot or mausoleum space?		
Location or plot or space, and location of proof of ownership.		