Estate Planning Questionnaire - Confidential

Please complete the following questionnaire as accurately and completely as possible.

I. Personal Information

DATE:____

Full Name	
Date of Birth	
U.S. Citizen?	
Home Address	
County of Residence	
Email Address	
Telephone Number	Cell____ Work____ Home____
Employer + Business Address	
Financial Advisor (Name and Telephone Number)	

II. Family Information

A. Children

Child 1	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐Birth child ☐Adopted
	Disability	☐Yes ☐No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 2	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	☐Birth child ☐Adopted
	Disability	☐Yes ☐No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 3	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	□Birth child □Adopted
	Disability	□Yes □No
	Marital Status	
	Spouse's First Name	
	Number of Children	

Child 4	Full Name	
	Date of Birth	
	Home Address	
	Phone	
	Relationship	□Birth child □Adopted
	Disability	□Yes □No
	Marital Status	
	Spouse's First Name	
	Number of Children	

B. Other Beneficiaries (Grandchildren, siblings, others, etc)
If you plan to name beneficiaries other than your children or spouse, please list.

Name	Date of Birth	Relationship	Address

III. Current Documents

Check the box for each of the following documents that you already have. If I did not complete these documents for you, please bring a copy to our first meeting.

Will	
Trust	
Power of Attorney for Finances	
Patient Advocate	

IV. Financial Information

A. Real Estate

Name of Owner(s) as shown on Deed	Location/Address	Value	Mortgage Balance	Value Net
			Total:	

B. Bank and Money Market Accounts

Name on Account	Bank	Type of Account (Bank Accounts, Money-Market Accounts, etc)	Value Net
		Total:	

C. Marketable Securities

Name of Owner (As Shown on Stock Certificate, bond, account, or other documents)	Location (Name of bank, broker, or other institution)	Value Net
	Total:	

D. Tangible Personal Property

Item (car, furniture, jewelry, etc)	Value
Total:	

V. Life Insurance

Please make an entry for each policy. The owner of a policy is ordinarily the person who applied for it and who pays the premium. The beneficiary is the person designated to receive benefits at the death of the insured.

On Your Life

Insurer and Type of Coverage	Owner	Beneficiary	Face Value
		Total:	

On Lives of Third Persons

Insurer and Type of Coverage	Owner	Beneficiary	Face Value
		Total:	

VI. Retirement and Death Benefits

Pension/Profit Sharing Plans

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

IRAs / 401(k) / 403 (b)

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

Annuities

Type of Plan and Sponsor	Owner	Primary Beneficiary	Current Value

VII. Liabilities

Please include all liabilities other than those secured by your mortgage.

Creditor	Approximate Current Amount
Total:	

VIII. Trust Interests

Please provide a copy of the trust instrument for each existing trust in which you have a present or future interest or of which you are a Trustee.

Name of Trust	Approximate Current Interest

IX. Likely Inheritances

Potential Donor	Approximate Inheritance Amount

X. Estate Planning Questions
Decide who you want to fill these roles (include full names and addresses). The most common estate planning documents are wills, a revocable living trust, power of attorneys and patient advocate designations. We will discuss all of these documents at our initial meeting. If you have already determined which individuals will serve in these roles, please complete this section. If you need additional discussion or guidance, you can leave this section blank and we will discuss together.

A. Wills

1. **Personal Representative**

- Personal Representative____

Address____

- Successor Personal Representative______________________________________

Address____

- Second Successor Personal Representative (if desired)______________________________

Address____

2. Do you want to be buried or cremated

- ☐ Buried
- ☐ Cremated
- ☐ No preference
- ☐ Other:____

3. Guardian for minor children

- Guardian____

Address____

- Successor Guardian____

Address____

B. Trust

1. Successor Trustee

- Successor Trustee____

Address____

- Second Successor Trustee____

Address____

2. Questions regarding Trust

- Is your proposed trustee and successors U.S. citizens? (Please indicate who is not a US citizen if applicable)

- ☐ Yes
- ☐ No:________________________

- Are any of your beneficiaries disabled? (Please indicate who is disabled if applicable)
  - ☐ Yes:________________________
  - ☐ No

3. **Check which provisions you would like in a trust for your beneficiaries:**
   - ☐ Quarterly Allowance for guardian of minor children
   - ☐ Allowance for private K-12 school
   - ☐ Allowance for college education
   - ☐ Allowance for graduate or professional school
   - ☐ Quarterly Allowance to an adult beneficiary who is a full-time student (for living expenses)
   - ☐ Wedding Expense for beneficiary
   - ☐ Withdrawal allowed for down payment on house
   - ☐ Withdrawal allowed for starting a business
   - ☐ Requirement for beneficiary to meet with financial planner before an outright cash distribution
   - ☐ Staggered distribution. If so, at what ages. (Example: ½ at 25, half of remainder at 30, balance at 35)____

     ____

     ____

     Note: If you have any individual requirements you would like to add to the trust please let me know.

C. Durable Power of Attorney for Health Care (Patient Advocate Designations)

1. **Patient Advocate**

- Patient Advocate____

Address____

- Successor Patient Advocate____

Address____

- Second Successor Patient Advocate___________________________________

Address____

2. **Make a choice for the language you want regarding life-sustaining treatment:**

☐ **Choice 1:** I do not want life-sustaining treatment (including artificial delivery of food and water) if *any* of the following medical conditions exist:

a. I am in an irreversible coma or persistent vegetative state.
b. I am terminally ill, and life-sustaining procedures would only serve to artificially delay my death.

☐ **Choice 2:** I want life-sustaining treatment (including artificial delivery of food or water) *unless* I am in a coma or vegetative state that my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

☐ **Choice 3:** I want my life to be prolonged to the greatest extent possible consistent with sound medical practice without regard to my condition, the chances I have for recovery or the cost of the procedures. I direct life-sustaining treatment to be provided to prolong my life.

D. Durable Power of Attorney for Finances

1. **Power of Attorney**

- Power of Attorney____

Address____

- Successor Power of Attorney____

Address____

- Second Successor Power of Attorney____

Address____

XI. Supplemental Information
Please use this page for any additional information or questions.