Law Office of
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COUPLES' ESTATE PLANNING QUESTIONNAIRE

Our office uses this questionnaire to form a general understanding of your situation so that we can properly prepare your documents and advise you on your estate planning needs. Please be as complete as possible when answering this questionnaire. Feel free to attach any additional information that you'd like to provide us. We recognize that this questionnaire is a fairly intrusive document, but keep in mind that it will be used in order to provide you with the best possible estate planning alternatives available. Of course, all of your information is subject to the attorney-client privilege and will be kept confidential by this office unless you authorize or request its release to others.

YOUR INFORMATION

Full Legal Name: _____

Home Address: _____

_____

What County do you reside in: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Employer: _____

Job Title/Occupation: _____

U.S. Citizen: ☐ Yes ☐ No

☐ Married: Date of Marriage: _____ ☐ Single ☐ Divorced ☐ Widowed

If divorced, does your Divorce Judgment or Separation Agreement limit who you can distribute your assets to upon your death (e.g., does it state that a child or former spouse is entitled to receive a percentage of your estate or your life insurance proceeds?) If so, please explain:

_____

_____

_____

_____

If in doubt, please supply our office with a copy of your divorce judgment and separation agreement.

SPOUSE'S INFORMATION

Full Legal Name: _____

Home Address: _____

_____

What County do you reside in: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ Social Security Number (last 4 digits): XXX-XX-_____

Employer: _____

Job Title/Occupation: _____

U.S. Citizen: ☐ Yes ☐ No

☐ Married: Date of Marriage: _____ ☐ Single ☐ Divorced ☐ Widowed

If divorced, does your Divorce Judgment or Separation Agreement limit who you can distribute your assets to upon your death (e.g., does it state that a child or former spouse is entitled to receive a percentage of your estate or your life insurance proceeds?) If so, please explain:

_____

_____

If in doubt, please supply our office with a copy of your divorce judgment and separation agreement.

WHICH OF THESE DOCUMENTS HAVE YOU PREVIOUSLY EXECUTED

Wills	☐ Wife	☐ Husband
Trusts	☐ Wife	☐ Husband
Durable Power of Attorney	☐ Wife	☐ Husband
Advance Directive/Living Will/Health Care Directive/ Health Care Power of Attorney	☐ Wife	☐ Husband
Prenuptial or Postnuptial Agreement	☐ Wife	☐ Husband

CHILDREN

(*Use full legal name. Use "JT" if both spouses are the parent, "H" if only husband is the parent, and "W" if only wife is the parent.)*

Name	**Parent(s)** *(JT, H or W)*	**DOB**	**Address**	**Telephone**

Do you have any children that are deceased? ☐ Yes ☐ No
If YES, please list them above, but write "deceased" next to their name.

GRANDCHILDREN

(*Use full legal name and indicate which child of yours is the parent)*

Name	**Parent(s)**	**DOB**

REAL ESTATE

Address or Description	Owner(s)	Approx. Value	Mortgage Balance

MOTOR VEHICLES

(Cars, boats, mobile homes, RVs, etc.)

Type	Owner	Approx Value	Loan

CASH ACCOUNTS

(checking account, savings account, Money Market, Certificates of Deposit, etc.)

Name of Institution	Type of Account	Named Owners	Approximate Value

NON-RETIREMENT GENERAL INVESTMENT ACCOUNTS HELD IN A BROKERAGE ACCOUNT

(Stocks, bonds, mutual funds, etc.)

Name of Institution	Type of Account	Named Owners	Approximate Value

STOCKS, BONDS OR MUTUAL FUNDS HELD DIRECTLY BY YOU

(E.g., you hold the actual certificates - not in a brokerage account)

Name of Investment	Type of Investment	Named Owners	Approximate Value

RETIREMENT PLANS

(Pension, profit sharing, IRA, SEP, 401(k), etc)

Type of Plan	Owner	Where Held	Percent Vested	Approximate Value

BUSINESS AND PROFESSIONAL INTERESTS

(ownership or shareholder in a corporation, LLC, partnership or sole proprietorship)

Company or entity	Type of entity	Percentage Ownership	Owner	Approx Value

MORTGAGES, NOTES AND OTHER RECEIVABLES

(Mortgages or promissory notes payable to you; or other monies owed to you)

Name of Debtor	Type	Current Balance

LIFE INSURANCE

Company	Death Benefit ($)	Type	Owner	Beneficiary

ITEMS OF PERSONAL PROPERTY OR HOUSEHOLD GOODS THAT ARE VALUED AT MORE THAN $10,000 EACH

(Artwork, coins, collectibles, jewelry, etc.)

Description	Owner	Approximate Value

OTHER ASSETS

(Any substantial asset or property that either of you own that does not fit into any of the above category)

Description	Owner	Approximate Value

EXPECTED OR ANTICIPATED FUTURE INHERITANCE

Husband or Wife?	From Who	Approximate Value

LIABILITIES

(Any money you owe not listed above)

Who owes	Creditor	Amount Due

ADDITIONAL INFORMATION

1. Any family special needs to be considered (support of a parent or adult child, special education, physical or mental challenges or disabilities)? ☐ Yes ☐ No

2. Are either of you currently named in a lawsuit, or do you expect to be named in a lawsuit in the future (either Plaintiff or Defendant)? ☐ Yes ☐ No

3. Do either of you have any unsatisfied judgments against you? ☐ Yes ☐ No

4. Do you have pets that you'd like to provide for after your passing:

   ☐ Yes, I'm interested in providing for my pets after my passing.

   ☐ No, either I don't have pets, or if I do, I'm not interested in putting specific provision for them in my Will or Trust.

5. Who referred you to our office (e.g., how did you hear about our office)?_____

   _____

6. Name of person who completed this Questionnaire: _____

7. Date Questionnaire was completed: _____

Please note that this questionnaire does not ask you to fill in blanks regarding who you'd like to appoint in your Will, Trust, Powers of Attorney, or the details of how you'd like your assets distributed. Those are all very involved areas that are well beyond a simple "fill in the blank" form. We will talk through all of those matters at our next appointment and discuss the implications of all of those decisions. Nevertheless, it will be very helpful for you to give some thought to the following general questions so that we have a starting point at our meeting:

Will & Trust

1. Who you'd like to appoint as the Personal Representative ("Executor") in your Will and who you'd like to list as backups to that main person. Usually spouses appoint each other as the main PR. You can list as many backups as you like. Our office recommends at least 2 backups.

2. If you have minor children, who you'd like to name as the Guardian of those children should each of their parents pass away while they are under age 18. Please provide backups to that main person. Our office recommends at least 2 backups.

3. If you're drafting a Trust, who you'd like to name as the successor Trustee (backup trustee) to handle and distribute your Trust assets after you and your spouse both pass away or become incapacitated. Again, please provide at least 2 backups.

4. Generally, how you'd like your assets distributed upon your death. Usually spouses will give everything to the other spouse upon their passing, but consider a situation where you both pass at

the same time or your spouse has already predeceased you. Think of everyone you'd like to provide for, and please think about a secondary or contingent distribution plan in the event that a particular beneficiary predeceases you (e.g., do you want that gift to go to someone else, down to the deceased beneficiary's children, or to lapse and revert back and increase the shares of the other living beneficiaries.)

A. Note that children under 18 cannot receive money outright. If you're planning for children or young adults, what age or ages would you like the children to receive money outright? Rather than giving the entire gift to children at a certain age, many people prefer to spread it out over several years (e.g., 1/3 at ages 25, 30 and 35 or ½ at 25 and 30 - or at any ages and percentages that you prefer.)

<u>General Durable Power of Attorney</u>

1. Who you wish to name as your Agent in your Durable Power of Attorney (usually spouses appoint each other). Please provide at least 2 backups.

<u>Durable Power of Attorney for Health Care & Health Care Directive</u>

1. Who you'd like to name as your Agent to make health care decisions for you if you're incapacitated and unable to communicate those on your own (usually spouses appoint each other). Please provide at least 2 backups.

2. What health care directives do you wish to leave for your Agent if you are persistently unconscious or there is no expectation of your recovery from a terminal injury or illness? E.g., do you wish to be put on a respirator, CPR, surgery, given tube feeding, etc.? Don't worry, as this is a complicated topic, we'll spend some time discussing this issue.

3. Do you wish to be an organ donor? If so, are there any restrictions that you wish to place on this donation?

4. Any last wishes for your remains (e.g., particular service, burial, cremation, etc.)?

Please be ready to provide full names, addresses and telephone numbers of all the above individuals you wish to name in your estate planning documents. I'll need to get those from you at our meeting.

Don't worry if you don't have answers to all of these questions or if these questions raise other questions you'd like to ask - - we'll talk through all of this at our appointment. If need be, you'll leave the appointment with a "To Do List" of items you need to think about and get back to me on.

Please return this completed Questionnaire to our office via email prior to your appointment - that way I can review it in advance and make best use of our meeting time.