

# ESTATE PLANNING QUESTIONNAIRE

DATE: \_\_\_\_\_

1. Name (full name): \_\_\_\_\_

Other names you have used in which property may be registered: \_\_\_\_\_

Single or married? (circle one) Date of Birth: \_\_\_\_\_

2. Name of spouse (if any): \_\_\_\_\_

Date of Birth of Spouse: \_\_\_\_\_

Other names of spouse in which property may be registered: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

County, State and Zip Code: \_\_\_\_\_

Phone Numbers Business \_\_\_\_\_ Home \_\_\_\_\_

And E-mail: Fax \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_

4. Do you and your spouse have a Pre-Nuptial or Post-Marital Agreement which identifies and disposes of your property? (If yes, provide a copy.)

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Children (full name and date of birth of each):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any deceased children? Yes / No (circle one)

(If yes - list names / date of death):

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7. Any disabled children/beneficiaries? Yes / No (circle one)

8. Any previous marriage(s)? Yes / No (circle one)

(a) If yes - please indicate information regarding your first marriage:

(1) Name of ex-spouse: \_\_\_\_\_

(2) Terminated by divorce or death? \_\_\_\_\_

If death, indicate date of death / place of death: \_\_\_\_\_

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If divorce, indicate date of divorce / county / state / cause #(if known): \_\_\_\_\_

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(3) Children by this prior marriage? Yes / No (circle one)

If yes, list names / dates of birth:

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(b) 2nd marriage:

(1) Name of ex-spouse: \_\_\_\_\_

(2) Terminated by divorce or death? \_\_\_\_\_

If death, indicate date of death / place of death: \_\_\_\_\_

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If divorce, indicate date of divorce / county / state / cause #(if known): \_\_\_\_\_

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(3) Children by this prior marriage? Yes / No (circle one)

If yes - list names / dates of birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Have you had more than two prior marriages? Yes / No (circle one). If so, please list the requested information for those marriages on the back of this sheet.

9. If any of your children are minors, whom do you want to designate as guardian of your children? [Select individual(s) you would like to care for your minor children if both you and the child's other parent are deceased. Alternate guardians also should be designated. Any co-guardians or joint guardians must be husband and wife. The person you designate will be appointed guardian of your minor children's person (physical well-being) and their estate (property and belongings) unless you indicate different persons for each position.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you want a minor's trust for a minor child or grandchild? \_\_\_\_\_

Single trust or separate trusts? \_\_\_\_\_

Trust should terminate when beneficiary reaches age \_\_\_\_\_ (e.g., age 25).

Name of Trustee and alternate Trustees / relationship:

\_\_\_\_\_  
\_\_\_\_\_

11. Is the total combined value of your estate and your spouse's estate less than \$1,500,000.00?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please complete the Estate Asset and Debt Summary, which is attached as Exhibit A. If the combined value of your and your spouse's estates exceeds the applicable estate tax exemption amount, you should consider more in-depth planning to minimize federal estate tax liability upon your death. The federal estate tax exemption amount is an amount which is subject to change and is set as follows: 2005 - \$1,500,000; 2006-08 - \$2,000,000; and 2009 - \$3,500,000.**

Your estate for estate tax purposes consists of all property in which you have an interest at the time of your death. This includes bank accounts, real estate (such as your home), personal items (cars, jewelry, household furnishings, etc.), life insurance policies, annuities, investments, and retirement

accounts. Your Will acts to dispose of those assets in your estate which do not pass to another person by contract or by operation of law (common examples of these are "joint tenants with rights of survivorship" assets, payable-upon-death accounts, and life insurance proceeds payable to someone other than your estate).

12. To whom do you want your estate distributed upon your death? \_\_\_\_\_

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If the above-named person predeceases you, to whom do you want to leave your estate?

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13. Do you want to make any specific bequests? If yes - please describe.

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14. Name of Executor / relationship: (ex. son; spouse; friend)

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Name of 1st Alternate Executor / relationship:

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Name of 2nd Alternate Executor / relationship:

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15. Do you want your Executor to receive compensation for his services? \_\_\_\_\_  
Do you want your Trustee to receive compensation for his services? \_\_\_\_\_
16. Do you want a Durable General Power of Attorney (Financial Power of Attorney) in which you name an agent to take care of your financial matters if you are not able? Yes / No (circle one)
- (a) If yes, whom do you want as your agent (list address and relationship)?  
\_\_\_\_\_
- (b) First Alternate Agent (list address and relationship)  
\_\_\_\_\_
- (c) Second Alternate Agent (list address and relationship)  
\_\_\_\_\_
- (d) Do you want Agent's power to become effective immediately or effective upon your incapacity? \_\_\_\_\_
- (e) Do you want Agent to have power to make annual exclusion gifts (consider also if you have a taxable estate)? \_\_\_\_\_
- (f) Do you want Agent to have power to fund a revocable trust (either now in existence or established by you in future)? \_\_\_\_\_
17. Do you want a Medical Power of Attorney in which you name an agent to make health care decisions for you if you are not able? Yes / No (circle one)
- (a) If yes, whom do you want as your agent (list address, relationship and phone number)?  
\_\_\_\_\_
- (b) First Alternate Agent (list address, relationship and phone number)  
\_\_\_\_\_
- (c) Second Alternate Agent (list address, relationship and phone number)  
\_\_\_\_\_

(d) Do you want to specify any limitations on the decision making authority of your agent under your Medical Power of Attorney? \_\_\_\_\_  
\_\_\_\_\_

18. Do you want a Directive to Physicians (Living Will) in which you state that if you are in a terminal condition, and death is imminent, that you do not wish to be kept alive on artificial life support?

Yes / No (circle one)

(a) If so, and if you have a Medical Power of Attorney which names agents to act on your behalf, these agents will have the power to make decisions on your behalf under your Directive to Physicians.

(b) If you do not have or want a Medical Power of Attorney, you will need to name an agent and alternate agents to make treatment decisions on your behalf.

(1) Whom do you want as your agent (list address, relationship and phone number)?  
\_\_\_\_\_

(2) First Alternate Agent (list address, relationship and phone number)  
\_\_\_\_\_

(3) Second Alternate Agent (list address, relationship and phone number)  
\_\_\_\_\_

19. Do you want a Declaration of Guardian (this document allows you to name whom you want to serve as your guardian and whom you do not want to serve as your guardian if a guardianship is ever needed)? Yes / No (circle one)

If so, whom do you want to serve as guardian of your person? (name / relationship) \_\_\_\_\_  
\_\_\_\_\_

Your estate? \_\_\_\_\_

First Alternate Guardian \_\_\_\_\_

Second Alternate Guardian \_\_\_\_\_  
\_\_\_\_\_

Whom do you **NOT** want to serve as guardian of your person? \_\_\_\_\_

\_\_\_\_\_

Whom do you **NOT** want to serve as guardian of your estate? \_\_\_\_\_

\_\_\_\_\_

20. Do you want a HIPAA Authorization (authorization to release medical information to your "authorized persons?" Authorization is for complete medical record disclosure upon request.

Yes / No (circle one)

If so, whom do you want to name as your authorized persons? **(List one or more individuals, including name, relationship and complete address and phone number for each.)** (Each named person will have a right to records.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Have you ever made any gifts in excess of \$10,000.00 a year, OR filed Gift Tax Returns?

\_\_\_\_\_

22. Please list the name and phone number of your CPA/Accountant: \_\_\_\_\_

\_\_\_\_\_

23. Please list the name and phone number of your life insurance agent: \_\_\_\_\_

\_\_\_\_\_

EXHIBIT A  
ESTATE ASSET AND DEBT SUMMARY

Assets (Please list all your assets and debts below. Estimated values are fine.):

Cash, bank accounts and Certificates of Deposit: \$ \_\_\_\_\_

Marketable Securities and other investments: \$ \_\_\_\_\_

Note Receivables/Money owed to you: \$ \_\_\_\_\_

Business interests (value of any business you own): \$ \_\_\_\_\_

Real Estate - your home: \$ \_\_\_\_\_

Real Estate - other  
(indicate if any property is out of state): \$ \_\_\_\_\_

Personal Property  
(jewelry, household furnishings, auto, etc.): \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_ (A)

Debts:

Mortgage on Home: \$ \_\_\_\_\_

Other mortgages: \$ \_\_\_\_\_

Other debts (including credit cards): \$ \_\_\_\_\_

Total Debts: \$ \_\_\_\_\_ (B)

Estate before IRA's and Insurance (Total Assets - Total Debts): \$ \_\_\_\_\_ (A)-(B)

Total value of retirement plans and IRA's \$ \_\_\_\_\_ (C)

Total death benefits (face amount) of all life insurance  
policies owned by either you or your spouse: \$ \_\_\_\_\_ (D)

Who is the named beneficiary of your IRA? \_\_\_\_\_

Contingent beneficiary: \_\_\_\_\_

Who is the named beneficiary of your life insurance proceeds? \_\_\_\_\_

Contingent beneficiary: \_\_\_\_\_

**Total Estate:** \$ \_\_\_\_\_ (A-B+C+D)