

Estate Planning Questionnaire
[Strictly Confidential]

When completing this form do not panic if you do not have all the information at hand. Complete as much as you can. (If you are single disregard spouse questions.

Legal Name: _____.

Other Names used _____

Address: _____

County: _____ E-Mail: _____

Telephone: (home) _____ (work) _____ (cell) _____

Date of Birth: _____ Social Security No.: _____

US citizen? Yes No. If no, what nationality: _____

Business/Employment: _____

Wartime Veteran? Yes No

Children:¹

Child 1

Name: _____ Age _____

Address: _____

Telephone: _____ E-Mail _____

Living? Yes No

This child has does not have children.

Child 2

Name: _____ Age _____

Address: _____

Telephone: _____ E-Mail _____

Living? Yes No

This child has does not have children.

¹ Occasionally social security numbers are required by banks or investment companies to name beneficiaries. It is a good idea to have them handy if needed.

Child 3

Name: _____ **Age** _____

Address: _____

Telephone: _____ **E-Mail** _____

Living? Yes No

This child has does not have children.

Child 4

Name: _____ **Age** _____

Address: _____

Telephone: _____ **E-Mail** _____

Living? Yes No

This child has does not have children.

Child 5

Name: _____ **Age** _____

Address: _____

Telephone: _____ **E-Mail** _____

Living? Yes No

This child has does not have children.

Names and relations of any other person who you would like to inherit something from you.

Name: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

Property or percentage of Estate for this Person: _____

Primary Beneficiary **Contingent Beneficiary**

Add more on separate page if needed.

Charities or Organizations:

Name: _____ **Contact:** _____

Address: _____ **Telephone:** _____

Property or percentage of Estate for this Person: _____

Primary Beneficiary **Contingent Beneficiary**

Add more on separate page if needed.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Any deceased children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| If yes, survived by issue? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name: _____ | | |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| • Do you have any relatives (other than children) who depend on you for all or part of their support? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to make anatomical bequests (organ donor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Should the surviving spouse have the power to control the distribution of the entire estate after the first death? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want any assets to pass to your children | | |

before the second spouse's death?

• If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?

• Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

• Have either of you been diagnosed with or have any cognitive mental condition such as Alzheimer's, ALS or dementia?

•

•

Who do you trust?

Medical Decisions: Who would you want to make medical or housing decisions if you become incapacitated and cannot do so for yourself?

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
| | | |
| | | |
| | | |

Financial Decisions: Who would you want to make financial decisions if you become incapacitated and cannot do so for yourself?

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
| | | |
| | | |
| | | |

What do you own?

ESTIMATED VALUE OF ESTATE

TYPE OF ASSET:

- **REAL ESTATE:** \$ _____
(fair market value, less loans)

- **SECURITIES:** \$ _____
(stocks, bonds, mutual funds)

- **CASH TYPE ASSETS:** \$ _____
(cash, annuities, notes due you)

- **BUSINESS INTERESTS:** \$ _____
(sole proprietorship, partnerships,
closely held corporation, etc.)

- **RETIREMENT PLANS:** \$ _____
(IRA, 401k, etc. †)

- **VEHICLES:** \$ _____
(autos, R.V., boat)

- **PERSONAL PROPERTY:** \$ _____
(jewelry, furniture, antiques)

- **TOTAL:** \$ _____

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

LIFE INSURANCE

It is usually better to have copies of the policies with the policy number, agent name, etc. It may be advisable to obtain change of beneficiary forms.

Life Insurance Information

| Insurance Company Name and Address Agent Name | Insured Name (Owner) | Policy Number | Death Benefit |
|--|-------------------------|------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

IRA / Retirement Information

It is usually better to have a copy of statement with the account number and other information.

| IRA / Retirement Company Name and address | Account Number | Approximate Value |
|--|----------------|-------------------|
| | | |
| | | |

Bank / Money Market / Credit Union

| Bank / Credit Unions Name and Address (Banker Name) | Account Number | Approximate Balance |
|--|-----------------------|----------------------------|
| | | |
| | | |
| | | |
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| | | |

Real Estate Information

It is very helpful to have a copy of the deed or other conveyance with the legal description in addition to the address.

| Legal Description & Address | Year & how acquired (bought/inherited) | Approximate Value / Purchase Price |
|--|---|---|
| | | |
| | | |

Planning Decisions:

Delayed Distributions:

Sometimes it is not a good idea to give large sums of money to someone who is not financially mature to handle it. Therefore, many people prefer to delay or stager distributions without any restrictions. What are your initial thoughts on this subject?

- No restrictions
- Distribute all at age _____
- Stager distributions
 - 1/2 at Age _____, 1/2 at Age _____
 - 1/3 at Age _____, 1/3 at Age _____, 1/3 at Age _____.

Questions or other concerns about creating your plan:

BURIAL WISHES

At my death, I wish to be: cremated buried.

If cremation, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at: _____.

**Optional:
Other Family Contact Information:**

Father

Name: _____ Age _____

Address: _____

Telephone: _____ E-Mail _____

Mother

Name: _____ Age _____

Address: _____

Telephone: _____ E-Mail _____

Other relatives:

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Advisors: It is a good idea to have this information available to your heirs in your estate planning binder. It may be necessary to contact some for change of beneficiary forms, etc.

Clergy:

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Accountant:

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Stockbroker/Investment Advisor:

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Insurance Agent/Advisor:

Name: _____

Address: _____

Telephone: _____ E-Mail _____

Funeral Home/Cemetery:

Name: _____

Address: _____

Telephone: _____ E-Mail _____