

CONFIDENTIAL

CLIENT ESTATE PLANNING QUESTIONNAIRE

Estate planning is far more complex process than drafting a “simple will”. Advisors must become familiar with your assets, family and any legal documents affecting them. This information must then be considered in light of your current and future dispositive wishes and tax implications and reflected in one or more testamentary documents. It will be important to consider the information requested below in connection with the planning and drafting process. Completing the questionnaire also will give you an excellent opportunity to review your assets and to examine your current financial situation.

In the following pages, you will find **five** sections to be completed: **Personal Information, Financial Information, Estate Planning, Advance Directive/Living Will, General Power of Attorney**. Here are some things to keep in mind as you complete the document:

- Please provide all pertinent names, addresses and other identification data.
- If you need more space, attach extra pages.
- Estimate if you do not know an exact value.
- Please begin to gather any documents associated with any of your assets or interests, including policies, contracts, buy-sell agreements, and any other legal documents; I may need to review these documents and their terms during the estate planning process.
- If a question does not apply, write N/A.
- All information will be held in the strictest confidence.

PERSONAL INFORMATION

(1) Your Information

Full Name:

Date of Birth:

Occupation:

Social Security No.:

Home Phone:

Address:

Work Phone:

Cell Phone:

Email:

Military: Yes No

Prior Domiciles

Citizenship:

Marital Status: Married Single

Divorced Separated Widowed

(2) Spouse Information

Full Name:

Date of Birth:

Occupation:

Social Security No.:

Home Phone:

Address:

Work Phone:

Cell Phone:

Email:

Military: Yes No

Prior Domiciles:

Citizenship:

Marital Status: Married Single

Divorced Separated Widowed

(3) Children Yes No

Full Name

Date of Birth

Address

1.

2.

3.

**If you are married, are all children born of your present marriage? Yes No
If not, please indicate by listing "(H)" if child of husband only, "(W)" if child of wife only, and/or "(A)" if any child is adopted.

(4) Grandchildren Yes No

<u>Full Name</u>	<u>Age</u>	<u>Full Name</u>	<u>Age</u>
1.		4.	
2.		5.	
3.		6.	

(5) Other Beneficiaries (Brothers/Sisters/Living Parents) Yes No

<u>Full Name</u>	<u>Age</u>	<u>Relation</u>	<u>Full Name</u>	<u>Age</u>	<u>Relation</u>
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

(6) Prior Marriages Yes No

Please provide the name of any former spouse, dates of marriage/divorce/death.

<u>Name of Former Spouse</u>	<u>Dates of Marriage/Divorce/Death</u>
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(7) Marital or Property Agreements Yes No

Please identify and describe any marital or property agreements (i.e. prenuptial or divorce/separation agreements).

(8) Please list the names and addresses for the following advisors:

Health Care Provider:

Accountant:

Financial Planner:

Life Insurance Agent:

Prior Attorney, if any:

FINANCIAL INFORMATION

(1) Are you currently employed? Yes No Is your spouse? Yes No

Your occupation:

Employer:

Annual Income: \$

If you are not employed, income comes from

Spouse's occupation:

Employer:

Annual Income: \$

If spouse is not employed, income comes from

(2) Do you have a safe deposit box? Yes No

If yes, where is it?

(3) Do you have bank accounts? Yes No

Estimated amount in bank accounts (checking, savings, certificates of deposit, etc.):

\$

Types of Accounts:

(4) **Investment Accounts:** Do you have investment accounts (including IRAs, 401K and other retirement accounts, annuities, pensions, 403(b), 529 college funds, etc.)? Yes No

<u>Institution/Location</u>	<u>Account Type</u>	<u>Owners</u>	<u>Approximate Value</u>	<u>Beneficiary</u>
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(5) Business Interests: Do you have an interest in unincorporated business, partnership, limited liability company, or closely held corporation? **Yes** **No**

If yes, please explain:

(6) Real Estate: Do you own any real estate? **Yes** **No**

<u>Address</u>	<u>Owners</u>	<u>Approximate Value</u>	<u>Mortgage</u>
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(7) Tangible Personal Property: Do you own any tangible personal property with significant value (antiques, collections, jewelry, etc.): **Yes** **No**

<u>Description</u>	<u>Approximate Value</u>
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(8) Life Insurance: Do you or your spouse have life insurance? **Yes** **No**

<u>Insurance Owner</u>	<u>Insured</u>	<u>Amount</u>	<u>Terms</u> (Whole, Term, Universal)	<u>Beneficiary</u>	<u>Company</u>
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(9) Are you the beneficiary of a trust?

If yes, describe:

** Provide copy of trust, if available

(10) Do you expect an inheritance?

If yes, describe:

(11) Provide any other financial information you deem pertinent:

ESTATE PLANNING

(1) Do you and/or your spouse have a will or other estate planning documents? Yes No

If yes, please provide dates of will(s) and any codicils, trusts, and location of originals, if known.

Type of Document

Date

Location

*** Provide current documents.

(2) Describe, in your own words, your general wishes for the disposition of your property:

(3) Who would you name as the Executor of your estate? (the person who administers the estate)

Name

Age

Phone Number

Relationship

Primary (You):

Alternate (You):

Primary (Spouse):

Alternate (Spouse):

(4) Do you have MINOR children? Yes No

A. If yes, whom do you nominate at their **primary guardian(s)** and **successor guardian(s)**?

Full Name

Relationship

Primary Guardian(s):

Full Name

Relationship

Successor Guardian(s):

*If your spouse is listed as a Primary Guardian, name two Successor Guardians

B. Do you want a TRUST created at the death of both parents to hold funds for the benefit of your children until they reach a mature age? **Yes** **No**

1. If yes, at what ages do you wish the trust assets to be distributed to the children outright? (i.e. (1/4) one-quarter at 25, (1/4) one-quarter at 30 and balance at 35)

2. Whom do you name as the **TRUSTEE(s)** of the trust? (the person in charge of the trust and assets in it)

Full Name

Relationship

Primary Trustee(s):

Full Name

Relationship

Alternate Trustee(s):

(5) Do you have any pets? **Yes** **No**

(6) Do you own any firearms? **Yes** **No**

A. If yes, whose name are they in?

B. To whom will you be leaving them?

ADVANCE DIRECTIVE/LIVING WILL

(1) Do you or your spouse have an advance directive or "living will"? Yes No

***If yes, please provide copies of current documents

(2) HEALTH CARE AGENT

Please identify the individual(s) you would select to make health care decisions if you are unable.

You:

Primary

Alternate

Name:

Name:

Age:

Age:

Phone:

Phone:

Address:

Address:

Spouse:

Primary

Alternate

Name:

Name:

Age:

Age:

Phone:

Phone:

Address:

Address:

(3) HEALTH CARE INSTRUCTIONS: Please make the following selections.

A. TREATMENTS: Assuming you are incapable of making an informed decision regarding your healthcare, select one of the following options:

OPTION 1 (if you choose Option 1, skip Option 2): **No matter what your condition, do you want all available medical treatment that can be provided?**

You: Yes No

Spouse: Yes No

OPTION 2: If death is imminent, or you are in a vegetative state, or you have an end-stage condition, and even if life sustaining procedure are used, there is no reasonable expectation of recovery, or that treatment would be medically ineffective:

1. Do you want life sustaining procedures (i.e. respirator, surgery etc.)?

You: **Yes** **No**

Spouse: **Yes** **No**

2. Do you want to receive WATER intravenously?

You: **Yes** **No**

Spouse: **Yes** **No**

3. Do you want to receive FOOD intravenously?

You: **Yes** **No**

Spouse: **Yes** **No**

4. Do you wish to be resuscitated if you are in an end state condition or vegetative state, or if you are in an end-stage condition?

You: **Yes** **No**

Spouse: **Yes** **No**

B. PAIN MEDICATION: Do you want pain medication to be given even if it would shorten your remaining life?

You: **Yes** **No**

Spouse: **Yes** **No**

C. FLEXIBILITY: Would you like your preferences to serve as a guide for those making decisions on your behalf, or do you intend for your preferences to be followed exactly as written?
Select the language below that you would like included:

You **Spouse** “I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.”

((or))

You **Spouse** “I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.”

D. WOMEN OF CHILD BEARING AGE: If you are pregnant do you want or may become pregnant, do you want to include the language below?

Yes **No**

“IF I AM PREGNANT:

If to a reasonable degree of medical probability it can be determined that my unborn child has a chance of survival without any severe life-impairing defects; and

If it is determined that I can be kept alive long enough for the unborn child to become viable outside my body,

I direct that I be given all available medical and life-sustaining treatment available in accordance with accepted health care standards which will not be harmful to my unborn child, only for such period of time needed to make my unborn child viable outside my body.”

(4) END OF LIFE INSTRUCTIONS: Please make selections below:

A. ORGAN DONATION: Do you want to be an organ donor?

You: **Yes** **No**

Spouse: **Yes** **No**

B. CREMATION: Do you want to be cremated?

You: **Yes** **No**

Spouse: **Yes** **No**

C. SPECIAL INSTRUCTIONS: Do you have any special instruction that have not already been discussed?

GENERAL POWER OF ATTORNEY

(1) Do you or your spouse have a general or special power of attorney? Yes No

** If yes, provide copies of current documents.

(2) Identify the individual(s) you would select as your **attorney-in-fact**. (person(s) with power to act over your financial matters if you are unable)

You:

Primary

Alternate

Name:

Name:

Age:

Age:

Phone:

Phone:

Address:

Address:

Spouse:

Primary

Alternate

Name:

Name:

Age:

Age:

Phone:

Phone:

Address:

Address:

END