

ESTATE PLANNING QUESTIONNAIRE

Office Use

PART I – PERSONAL AND FAMILY INFORMATION

1. Full legal name _____
2. Address _____
3. City, State and Zip Code _____
4. County of residence _____
5. Telephone: Home _____ Work _____
6. E-mail address _____
7. Place of employment _____
8. Person who knows your whereabouts most of the time, other than a spouse:
Name _____ Telephone _____
9. Marital status: Married _____ Single _____ Divorced _____ Widowed _____
10. Have you been married before? Yes _____ No _____
11. Date of birth _____
12. Social Security No. _____
13. Are you a United States citizen? Yes _____ No _____
14. Full legal name of spouse _____
15. Spouse's date of birth _____
16. Spouse's Social Security No. _____
17. Spouse's place of employment _____
18. Is your spouse a United States citizen? Yes _____ No _____
19. Children from current marriage: *

Name	Birth Date	Marital Status	Address, if different from yours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please list all of your children's names, even if you plan to leave them out of your Will.

20. Children from a previous marriage: *

Name	Birth Date	Marital Status	Address, if different from yours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Children from a current or previous relationship: *

Name	Birth Date	Marital Status	Address, if different from yours
_____	_____	_____	_____
_____	_____	_____	_____

*Please list all of your children's names, even if you plan to leave them out of your Will.

22. Are you planning on having more children? Yes___ No___ Possibly___

23. Are any of your children adopted? Yes___ No___

24. Are any of your children deceased? Yes___ No___

25. Were any of your children born to you when you were unwed, or were any of your grandchildren born to any of your children when they were unwed? Yes___ No___

Please explain: _____

26. Do any of your children or others dependent on you have special needs due to mental or physical disabilities? Yes___ No___

Please explain: _____

27. Are you supporting any persons other than your spouse or children (such as parents, brothers or sisters, etc.)? Yes___ No___

Please explain: _____

PART II – FINANCIAL INFORMATION

A. Real Estate:

1. If you own your own home, list the following:

Address _____

Do you own it with anyone else? (If you do, please state who):

Your opinion of the home's value _____

Approx. balance of mortgage / contract for deed _____

2. If you own any other real estate, such as a farm, cabin, or rental unit, list the following:

Address or location _____

Do you own it with anyone else? (If you do, please state who):

Your opinion of the home's value _____

Approx. balance of mortgage / contract for deed _____

Type of property (cabin, rental, farm, etc.) _____

*If you own more real estate, please use the back of this page and provide the same information.

- B. Please list below all bank accounts, certificates of deposit, money market certificates, IRA accounts, stocks, bonds or similar assets owned either in your name alone or jointly. (This information is needed in order to determine whether a basic Will is appropriate for your situation. The information you provide is held in strict confidence. It will be discussed with you during your appointment. The Questionnaire will then be kept in your personal file. **No one else will see this Questionnaire**).

Bank or Co.	Type of Asset	In Whose Name	Beneficiary	Approximate Value
-------------	---------------	---------------	-------------	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If more space is needed, please continue on the back of this sheet or on a separate sheet of paper.

C. Life Insurance (on your life):

Name of Ins. Co.	Beneficiary	Amount of Policy
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Do you own or have an interest in any businesses? If so, describe briefly and give the approximate value of your interest: _____

E. If you are covered by a pension or profit sharing plan, please state the name(s) of any beneficiary(s) under the plan, and its approximate value, if known: _____

F. Describe briefly, and give the approx. value, of any other valuable assets which you own (jewelry, antiques, guitars, stamp or coin collections, boats, automobiles, money owed to you by others, etc.):

G. Do you have child support or alimony obligations from a previous marriage? Yes ___ No ___

H. List any major liabilities or debts, aside from mortgages / contracts for deed:

Creditor	Approx. Amount Owed
_____	_____
_____	_____
_____	_____

I. Do you expect your financial situation to change substantially in the next five years? Yes ___ No ___
Please explain _____

J. Are you the beneficiary of any trusts? Yes ___ No ___ Please explain _____

If you want to leave your estate to persons other than your children, or only to particular children, please indicate name(s), relationship to you, and address(es) below:

3. If you are **SINGLE, WITHOUT CHILDREN**, whom would you want to receive your estate?

First Choice (you can choose one or more persons to share in your estate):

Name(s), Relationship to you, and Address(es) _____

If one of the persons you named does not survive you, do you want such person's share to go to his/her children, if he/she has any? Yes _____ No _____

If you would like to name a second choice of person(s) to receive your estate, please indicate:

Name(s), Relationship to you, and Address(es) _____

4. If you are **MARRIED AND HAVE CHILDREN**, our basic Will leaves your estate to your spouse. If your spouse does not survive you, our basic Will leaves your estate in equal shares to your children. If your spouse does not survive you and if one of your children predecease you, do you want that child's share of your estate to:

a. Be split among your remaining living children _____

b. Pass to your deceased child's children _____

If you selected (b), please indicate grandchildren, if any:

Name	Date of Birth	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If your **children** all still live with you, or you travel with your entire family, you may want to indicate whom you would like to receive your estate if something happens to your entire family. Most married couples choose to divide their estate in half, and leave half to each spouse's relatives (either parents, brothers and sisters, or nieces and nephews), but you may also choose to leave the estate to one or more charities.

Please indicate below the proposed distribution of your estate (including name(s), relationship to you, and address(es) of the intended beneficiaries): _____

*If you need more space, please continue on a separate sheet of paper.

5. If you are **MARRIED, BUT HAVE NO CHILDREN**, our basic Will leaves your estate to your spouse. Who would you want to receive your estate if your spouse does not survive you?

Name(s), Relationship to you, and Address(es) – (you can choose one or more persons to share in your estate): _____

If one of the persons you named does not survive you, do you want such person's share to go to his / her children, if he / she has any? Yes _____ No _____

6. Our basic Will allows you to nominate a **GUARDIAN** who will be responsible for your **children and their estates** until they reach the age of **eighteen**. Whom would you want to be the guardian of your minor children if your spouse does not survive you?

Name(s), Relationship to you, and Address(es) _____

7. Our basic Will also allows you to extend the age under which your children's estates are managed until the age of **twenty-one**, under the Uniform Transfers to Minors Act. If you would prefer to have your children's estates managed until that age, indicate the name, relationship to you, and address of **one** individual whom you would like to act as custodian of your children's estates: (Note: This person may be the same person you named in your answer to #6.) _____

8. If you would prefer to have your children's **estates** managed beyond both the age of **eighteen** and **twenty-one**, you may want to set up a trust. A trust involves additional planning and drafting, as well as additional costs, but it allows more flexibility and control in planning the ages at which your children will receive distributions from your estate. If you are interested in hearing about a trust, please inquire with our attorney drafting your Will.

9. Our basic Will allows you to make specific dollar bequests if you so wish (this is optional):

Gift	Name, Relationship to you, and Address of the Recipient
_____	to _____
_____	to _____

Date

Client's Name

** There are two very important documents that you should consider in your Estate Planning. **
There is an extra charge for these documents.

Health Care Directive

Financial Power of Attorney

HEALTH CARE DIRECTIVE

(Also known as Health Care Power of Attorney)

The law authorizing the use of the Health Care Directive became effective August 1, 1998. It allows competent adults to appoint someone, called an agent, to make health care treatment decisions for them when they are unable or unwilling to communicate a decision for themselves. It allows the written expressions of preference and instructions to the agent, which the agent must follow. It helps your family and your doctor. It lets them know the kind of health care treatment you want or don't want if you can't speak for yourself.

The law permits but does not require you to name an alternative agent. However, it is a good idea to name an alternative agent since your primary agent may be out of town or ill when needed to make decisions for you.

Any competent person 18 years of age or older can execute a Health Care Directive. Health Care Directives are not only for older persons; they are for people of all ages. If your 18 year-old child was injured, it would enable you to participate in the health care decisions.

The Health Care Directive replaces the living will and allows you to express your wishes concerning life support by artificial means, organ donation and disposition of your body at death.

Please complete the following questionnaire if you would like us to prepare a Health Care Directive for you:

Agent

(If you are married, most people name their spouse.):

Alternative Agent

Name:

Name:

Address:

Address:

Relationship:

Relationship:

Phone:

Phone:

I wish to donate my organs, tissue, and other body parts when I die. YES NO

I have agreed in another document or on another form to donate my organs when I die. YES NO

I request cremation of my remains. YES NO

FINANCIAL POWER OF ATTORNEY

A Power of Attorney form is a written authorization for a person to handle property or financial matters for another individual. The person signing the Power of Attorney form and giving someone power over his or her assets is called the "principal." The person named to handle the principal's assets is called the "attorney-in-fact."

You can name one or more persons to act as your attorney(s)-in-fact. You can require the attorneys-in-fact to act jointly, meaning that they must agree on all decisions and both sign all documents related to your financial affairs. In the alternative, you can allow either attorney-in-fact to take over, should the attorney-in-fact you name die, become incapacitated, resign, or otherwise be unwilling or unable to serve as your attorney-in-fact.

You can designate an expiration date for the powers on the form. If there is no expiration date stated, the form will continue to be in effect until your death, or until you revoke the form. The Power of Attorney form can be revoked at any time, while you are competent, by a notarized written revocation form. A copy of this written revocation form should then be given to your attorney-in-fact, and to any third party who might be relying on the form. In addition, you must designate on the form whether you want the powers given to the attorney-in-fact to continue even if you become incapacitated or incompetent. This makes the form a "Durable" Power of Attorney.

The Power of Attorney form indicates a series of powers you can give to the attorney-in-fact, including power over real estate, personal property items, stocks, bonds, bank accounts, business transactions, and any insurance matters. You can choose to give the attorney-in-fact power over all of these matters, or just restrict the power to certain matters.

The form takes effect the date you sign it, however, while you are still competent, you have the right to control your own property and assets. To provide safeguards, you can indicate on the form that the attorney-in-fact is required to give periodic accountings to you, or to another interested party.

You should be sure the person or persons you choose to be your attorney(s)-in-fact are trustworthy, and willing and able to handle the responsibility of managing your financial affairs, should you become incapacitated. A Financial Power of Attorney should eliminate the need for the appointment of a conservator or guardian in the future. The appointment of a conservator or guardian is costly and requires annual accountings to probate court.

If you would like us to prepare a Financial Power of Attorney for you, please complete the following questionnaire:

Attorney-in-Fact

(If you are married, most people name their spouse.):

Name:

Address:

Relationship:

Successor Attorney-in-Fact

Name:

Address:

Relationship:

Can the person named as your Attorney-in-Fact transfer assets to themselves? YES NO