



Estate Planning Questionnaire

Estate Planning Questionnaire for:

Print husband's *full* name:

Does the husband sign his name in different ways or use different names (including middle names)? If so, please print those names: a/k/a

Print wife's *full* name:

Does the wife sign her name in different ways or use different names (including middle names)? If so, please print those names: a/k/a

Print your home address (**including county**), phone numbers and email address below:

Address, City, State, Zip Code

Home Phone:

E-mail:

Husband's Work:

Wife's Work:

Husband's Cell:

Wife's Cell:

Husband's social security #:

Wife's social security #:

Husband's date of birth & age:

Wife's date of birth & age:

Husband's Employer:

Wife's Employer:

Are you both U.S. citizens? **Yes** **No** If no: Citizenship:

During your marriage, have you and your spouse ever lived in: (Please check all that apply)

Arizona **California** **Idaho** **Louisiana** **Nevada** **New Mexico**
 Texas **Washington** **Wisconsin** **(Alaska after spring 1998)**

Have you and your spouse ever signed a *Prenuptial* or *Postnuptial* Agreement?

Yes **No**

(If Yes, please bring a copy of this Agreement to your estate planning consultation, if possible)

Were you or your spouse previously married to someone else? **Yes** **No**

(If Yes, please note names of children from prior marriages on next page)

Have you or your spouse ever made gifts exceeding \$10,000 to any one person in any year?

Yes **No** (If Yes, to whom: _____)

Do you or your spouse anticipate receiving an inheritance in the future? **Yes** **No**

If yes, expected Inheritance(s): Husband: _____ Wife: _____

Husband Parents (names/ages):

Wife Parents (names/ages):

Please list the exact **name** and **date of birth of each child** or proposed beneficiary of your estate below (please indicate if these are children from a previous marriage):

Name, State of Residence, Date of Birth, is this child from Prior Spouse?

Name, State of Residence, Date of Birth, is this child from Prior Spouse?

Name, State of Residence, Date of Birth, is this child from Prior Spouse?

Name, State of Residence, Date of Birth, is this child from Prior Spouse?

Name, State of Residence, Date of Birth, is this child from Prior Spouse?

Age(s) for outright distributions to children who are now minors:

List the names of any **other individuals or institutions** who might receive a gift from you through your will or trust. Please supply the exact legal name for any charitable institution(s).

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Do you have any children or other heirs who have special needs or disabilities?

Yes **No**

Have you previously planned your estate? **Yes** **No**

If yes, do you already have any of the following documents?

Simple Will, dated: Husband Wife

Will with testamentary trust, dated: Husband Wife

Revocable trust, dated: Husband Wife

Irrevocable trust, dated: Husband Wife

Durable Power of Attorney, dated: Husband Wife

Living Will, dated: Husband Wife

If yes, when were any of the above documents last reviewed?

If yes, please bring **photocopies** (not originals!) of your documents to our initial meeting

Husband Siblings:

Wife Siblings:

FOR HUSBAND'S PLAN:

Personal Representative. This person (also known as Executor) will collect all of your assets, pay your creditors, and make distributions to the beneficiaries of your estate. Please list in the order in which they should serve, the names, relationship to you, addresses and phone numbers of the persons who should serve as your personal representative. Spouses often serve as the primary personal representative.

1.

2.

Guardians. This person will take care of your minor children. The *primary* guardian, by *default*, is almost always your spouse (or the children's other parent), so the person(s) you name as guardians below would be the backups in the event you both died. Please list in the order in which these guardians should serve, their names, relationship to you, addresses and phone numbers.

1.

2.

Trustees. This person will manage the assets and make distributions to the beneficiaries (including you) of any trust established by your documents (**e.g., for minor children, or for adult children who need creditor protection, or have disabilities**). Spouses often serve as the primary trustee for the benefit of the other. Please list the names of those persons who should serve as trustees once both of you are deceased or incapacitated. Also list their relationship to you, address & phone number.

1.

2.

3.

Financial Agent. Please list the person who should manage and access your non-trust assets via a Power of Attorney in the event you become incapacitated. Also please list the person's address, phone number, and relationship to you.

1.

2.

Medical Agent. Please list the person who should make decisions concerning your medical care in the event you become incapacitated. Also please list the person's address, phone number, and relationship to you.

1.

2.

(husband's plan)

Do you wish to have a Living Will prepared for you? (Your Living Will expresses your wishes with regard to artificial life-sustaining procedures when you have a terminal condition)

Husband: Yes No

FOR WIFE'S PLAN:

Personal Representative. This person (also known as Executor) will collect all of your assets, pay your creditors, and make distributions to the beneficiaries of your estate. Please list in the order in which they should serve, the names, relationship to you, addresses and telephone numbers of the persons who should serve as your personal representative. Spouses often serve as the primary personal representative.

1.

2.

Guardians. This person will take care of your minor children. The *primary* guardian, by *default*, is almost always your spouse (or the children's other parent), so the person(s) you name as guardians below would be the backups in the event you both died. Please list in the order in which these guardians should serve, their names, relationship to you, addresses and telephone numbers.

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1.

2.

Medical Agent. Please list the person who should make decisions concerning your medical care in the event you become incapacitated. Also please list the person's address, phone number, and relationship to you.

1.

2.
(wife's plan)

Do you wish to have a Living Will prepared for you? (Your Living Will expresses your wishes with regard to artificial life-sustaining procedures when you have a terminal condition)

Wife: **Yes** **No**