ESTATE PLANNING QUESTIONNAIRE

**General Information** (please fill out all portions of this questionnaire to the best of your ability)

|  |  |
| --- | --- |
| Name |  Full Name (First, Middle & Last) |
| Address | Address |
| City | City | State, Zip | State & Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone | Work Phone | Cell Phone | Cell Phone |
| Home Email  | Home Email | Work Email | Work Email |

|  |  |
| --- | --- |
| Date of Birth  | Birth Date |

**Spouse**

|  |  |
| --- | --- |
| Name |  Full Name (First, Middle & Last) |
| Address | Address |
| City | City | State, Zip | State & Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone | Work Phone | Cell Phone | Cell Phone |
| Home Email  | Home Email | Work Email | Work Email |

|  |  |
| --- | --- |
| Date of Birth  | Birth Date |

**Family Members** (children or others named in your estate plan)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name  | Relationship | Date of Birth | Address (City & State) |
| Name | Relationship | Birth Date | Address |
| Name | Relationship | Birth Date | Address |
| Name | Relationship | Birth Date | Address |
| Name | Relationship | Birth Date | Address |
| Name | Relationship | Birth Date | Address |
| Name | Relationship | Birth Date | Address |

Have you had any previous marriages? If so, please include date and mode of termination, and any continuing divorce obligations (child support, alimony, life insurance):

|  |
| --- |
| Click here to enter text. |

Are there any special needs for your child? If so, please explain:

|  |
| --- |
| Click here to enter text. |

**Prior Gifts/Expected Bequests**:

Have you or your spouse made any of the following gifts?

1. Prior to 1981 any gifts in excess of $3,000 in value to any person in any year?

Yes [ ]  No [ ]

1. Between 1982 and 2000 any gifts in excess of $10,000 in value to any person during those years? Yes [ ]  No [ ]
2. Between 2001 and 2005 any gifts in excess of $11,000 in value to any person during those years? Yes [ ]  No [ ]
3. After 2006 any gifts in excess of $12,000 in value to any person in any year?

 Yes [ ]  No [ ]

1. After 2007 - 2012 any gifts in excess of $13,000 in value to any person in any year?

 Yes [ ]  No [ ]

Have you or your spouse filed gift tax returns (IRS Form 709) for any year? If so, please provide copies. Yes [ ]  No [ ]

Do you or your spouse expect to inherit property from parents or others? Yes [ ]  No [ ]

**Prior Residence:**

Have you or your spouse ever lived in a community property state? (They include: AZ, CA, TX, ID, LA, NW, NV, WA or WI)? If so please explain:

|  |
| --- |
| Click here to enter text. |
|  |

 Names of any other countries in which you have lived?

|  |
| --- |
| Click here to enter text. |
|  |

**Estate Plan:**

TANGIBLE PERSONAL PROPERTY (non-cash property): Would you like to give any specific items to specific beneficiaries (ex. silver, china, guns, art, etc.)? If so, please list below the asset, person to receive bequest, relation to you and address of the beneficiary:

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |
| 3rd Choice | Name | Relationship | Address |

REMAINING PERSONAL PROPERTY BENEFICIARIES FOR YOUR WILL (Please list their full name, relation to you, and address of who you would like to consider as potential recipients of the tangible property portion of your estate):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Address | Asset |
| Name | Relationship | Address | Asset |
| Name | Relationship | Address | Asset |

REAL ESTATE BENEFICIARIES FOR YOUR WILL (Please list their full name, relation to you, and address of who you would like to consider as potential recipients of your real estate portion of your estate):

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |

Do you want the executor to have discretion to sell your real estate? Y [ ]  N [ ]

Remainder of Estate: For the remainder of your estate:

* If your spouse survives you, do you propose to transfer all assets to your spouse?

Y [ ]  N [ ]  N/A [ ]

* If your spouse does not survive you, do you propose to transfer the remainder to:
	+ Children? Y [ ]  N [ ]  N/A [ ]

If your spouse and your children do not survive you or you do not have such family, please list to whom you propose to transfer the remainder of your estate (residuary):

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |
| 3rd Choice | Name | Relationship | Address |

EXECUTORS OF YOUR WILL (Please list the full name, relation to you, and address of who you would like to consider as potential executors of your estate):

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |
| 3rd Choice | Name | Relationship | Address |

GUARDIANS FOR MINOR CHILDREN FOR YOUR WILL (Please list their full name, relation to you, and address. If it will be joint guardianship please list the above information for both):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address | Joint |
| 2nd Choice | Name | Relationship | Address | Joint |

Child Beneficiaries: For estate transfers to children:

Do you wish for any assets transferred to a child who is a minor to be held in trust for their benefit? Y [ ]  N [ ]

If yes, please describe below the terms and restrictions (ex. at what age, for what needs?):

|  |
| --- |
| Click here to enter text. |

TRUSTEES of Testamentary or Living Trusts (Please list the full name, relation to you, and address of who you would like to consider as potential trustees):

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |
| 3rd Choice | Name | Relationship | Address |

FINANCIAL POWER OF ATTORNEY (Please list the full name and address of who you would like to serve as your financial power of attorney. If you would like two people (ex. your parents) to serve as the successor agent, then you need to denote whether or not you want them to act severally (separately without having to agree, or jointly)):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address | Joint |
| 2nd Choice | Name | Relationship | Address | Joint |

MEDICAL POWER OF ATTORNEY (Please list the full name, and address of who you would like to serve as your medical power of attorney. In this case, since physicians will not recognize two people as your medical power of attorney, please decide which one you would like to serve):

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Choice | Name | Relationship | Address |
| 2nd Choice | Name | Relationship | Address |