

This preview allows you to see what clients will see. No data will be collected or recorded.



Estate Planning Questionnaire - Married (2020)

Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. If possible, please complete this questionnaire prior to your appointment.

Part I: Personal Information

Name ***Other Names Used to Title Property and Accounts****Name I Prefer To Be Called, If Different****Birthday *****Are you a US Citizen? ***

Yes No

Address ***What is the best way to contact you? ***

Phone Call

Email

Home phone**Cell phone *****County of Residence *****Employer****Position****Business Address**

Email *

I give my consent to communicate via my email address. *

Yes No

Date of Marriage

Clients' Spouse or Second Grantor's Legal name *

Other Names Used to Title Property and Accounts

Spouse Birth Date *

Is your spouse a US citizen? *

Yes No

Spouse Address if different

Spouse Primary Phone Number *

Spouse Employer

Spouse Position

Spouse Business Address

Spouse Email Address *

My spouse gives consent to communicate via their email address. *

Yes No

Children and Other Family Members

First Child (Name, Birthdate, Contact Number, Relationship)

Second Child (Name, Birthdate, Contact Number, Relationship)

Third Child (Name, Birthdate, Contact Number, Relationship)

Fourth Child (Name, Birthdate, Contact Number, Relationship)**List Other Children or Family Members (names, birthdates, relationships, etc)****Advisors****Personal Attorney****Accountant****Financial Advisor****Life Insurance Agent****Your Concerns - Please Rate The Following As To How Important They Are To You.****Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability. ***

- High Concern
 Some Concern
 Low Concern
 No Concern and/or Not Applicable

Providing for and protecting my loved ones. *

- Spouse
 Children
 Not Applicable - Children
 Grandchildren
 Not Applicable - Grandchildren

Disinheriting a family member. *

- High Concern
 Some Concern
 Low Concern
 No Concern and/or Not Applicable

Providing for charities at the time of death. *

- High Concern
 Some Concern
 Low Concern
 No Concern and/or Not Applicable

Plan for the transfer and survival of a family business. *

- High Concern
 Some Concern

- Low Concern
- No Concern and/or Not Applicable

Avoiding or reducing your estate taxes. *

- High Concern
- Some Concern
- Low Concern
- No Concern or Not Applicable

Avoiding probate and/or reduce administration costs at time of your death. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Avoiding a conservatorship ("living probate") in case of disability. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Avoiding will contests or other disputes upon death. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Protecting assets from lawsuits or creditors. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curious seekers. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Plan for a child with disabilities or special needs, such as medical or learning disabilities. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Protecting children's inheritance from the possibility of failed marriages. *

- High Concern
- Some Concern
- Low Concern
- No Concern and/or Not Applicable

Protect children's inheritance in the event of a surviving spouse's remarriage. *

- High Concern
- Some Concern
- Low Concern

No Concern and/or Not Applicable

Provide that your death shall not be unnecessarily prolonged by artificial means or measures. *

- High Concern
 Some Concern
 Low Concern
 No Concern and/or Not Applicable

Other concerns (Please list below) *

Important Family Questions

Are you (or your spouse) receiving Social Security, disability or other governmental benefits? *

Yes No

Are you (or your spouse) making payments pursuant to a divorce or property settlement order? *

Yes No

If married, have you & your spouse signed a pre or post-marriage contract? (Please provide a furnish copy) *

Yes No

Have you or your spouse been widowed? (If federal estate tax return or a state death tax return was filed, please provide a copy) *

Yes No

Have you opr your spouse ever files federal or state gift tax return? Please provide a copy *

Yes No

Have you or your spouse completed previous will, trust or estate planning? Please provide a copy *

Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of you death? If so please explain below. *

Yes No

Are there any other charitable organizations you wish to make provisions for at the time of your death? If so please explain below. *

Yes No

If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, new Mexico, Texas, Washington or Wisconsin. *

Yes No

Are you or your spouse currently the beneficiary of anyone else's trust? If so please explain below. *

Yes No

Do any of your children have special educational, medical or physical needs? *

Yes No

Do any of your children receive governmental support or benefits? *

Yes No

Do you provide primary or other major support to adult children or others? *

Yes No

If you have children, do you want to ensure your children receive their inheritance after you pass away if your spouse were to get remarried? *

Yes No

Do you want to ensure your trust beneficiaries are protected from creditors? *

Yes No

Do you want to ensure that your trust beneficiaries are protected from your children's spouse or significant other? *

Yes No

Additional Information

Part II - Property Information

REAL PROPERTY -

Any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc.

FURNITURE & PERSONAL EFFECTS -

List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items). Include General Description and Market Value.

AUTOMOBILES, BOATS, and RV'S -

For each motor vehicle, boat, RV, etc. Include description, how titled, market value, and encumbrance.

BANK ACCOUNTS -

Checking Account, Saving Account, Certificates of Deposit, Money Market. Do not include IRAs or 401(k)s here. Include Name of Institution, Account Number, Type, Owner, and Amount.

STOCKS AND BONDS -

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. Include Stocks, Bonds, or Investment Accounts, Types, Account Number, Owner, and Amounts.

LIFE INSURANCE POLICIES AND ANNUITIES -

Term, whole life, split dollar, group life, annuity, Additional Information: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

RETIREMENT PLANS -

Pension, Profit Sharing, H.R. 10, IRA, SEP, 401(K). Additional Information: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

BUSINESS INTERESTS -

General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil interests, farm, and ranch interests. Additional Information: Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

MONEY OWED TO YOU -

Mortgages or promissory notes payable to you, or other moneys owed to you. Include Date of note, maturity date, owed to, and current balance.

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGEMENT -

Other property is any property that you have that does not fit into any listed category.

SUMMARY OF VALUE

Please provide the breakdown of your asset values. Identify if each asset is joint or solely owned by client.

Real Property Value

Joint Real Property Value

Yes No

Furniture and Personal Effects Value

Joint Furniture and Personal Effects Value

Yes No

Automobiles, Boats, and RV's Value

Joint Automobiles, Boats, and RV's Value

Yes No

Bank and Savings Account Value

\$

Joint Bank and Savings Accounts Value

Yes No

Stocks and Bonds Value

\$

Joint Stocks and Bonds Value

Yes No

Life Insurance and Annuities Value

\$

Joint Life Insurance and Annuities Value

Yes No

Retirement Plans Value

\$

Joint Retirement Plans Value

Yes No

Business Interest Value

\$

Joint Business Interest Value

Yes No

Money Owed To You Value

\$

Joint Money Owed To You Value

Yes No

Anticipated Inheritance, Etc. Value

\$

Joint Anticipated Inheritance Value

Yes No

Other Assets Value

\$

Joint Other Assets Value

Yes No

Client Total Asset Value

\$

Please list any assets solely owned by spouse. If all assets are joint, skip this section.

Spouse's Real Property Value

\$

Spouse's Furniture and Personal Effects Value**Spouse's Bank and Savings Account Values****Spouse's Automobiles, Boats, and RV's Value****Spouse's Stocks and Bonds Value****Spouse's Life Insurance and Annuities Value****Spouse's Retirement Plan Value****Spouse's Business Interest Value****Spouse's Money Owed To You Value****Spouse's Anticipated Inheritance Value****Spouse's Other Assets Value****Spouse's Total Asset Value**

Part III - Design Information

PERSONS TO ACT FOR YOU:

Guardian For Minor Children - If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Guardian's Name ***Guardian's Phone Number *****Guardian's Email Address *****Guardian's Mailing Address ***

Initial Trustee(s) - If creating a Trust, usually the maker will be the Trustee of his or her own trust. Who will be the initial trustee, after yourself?

Trustee's Name *

Initial Trust's Phone Number *

Initial Trust's Email Address *

Initial Trust's Mailing Address *

Secondary/Co Trustee's Name

Secondary/Co Trustee's Phone Number

Secondary/Co Trustee's Email Address

Secondary/Co Trustee's Mailing Address

Disability Trustee - If creating a Trust, if you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your Trust property and Trust assets?

Name of Client: *

Disability Trustee's Name *

Disability Trustee's Mailing Address *

Disability Trustee's Email Address *

Disability Trustee's Phone Number *

Disability Trustee's Date of Birth *

Disability Trustee's Relationship to you *

Name of Spouse: *

Disability Trustee's Name *

Disability Trustee's Mailing Address *

Disability Trustee's Email Address *

Disability Trustee's Phone Number *

Disability Trustee's Date of Birth *

Disability Trustee's Relationship to spouse *

Death Trustee - After your death who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries?

Client's Name: *

Client's Death Trustee's Name *

Client's Death Trustee's Address *

Client's Death Trustee's Phone Number *

Client's Death Trustee's Date of Birth *

Client's Death Trustee's Relationship to you *

Spouses Name: *

Spouse's Death Trustee's Name *

Spouse's Death Trustee's Address *

Spouse's Death Trustee's Phone Number *

Spouse's Death Trustee's Date of Birth *

Spouse's Death Trustee's Relationship to spouse *

Power of Attorney - If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

Name of Client: *

Clients Agent's Names (List 2 people) *

Clients Agent's Addresses (Include the agent's names, list for both people) *

Clients Agent's Email Addresses (Include the agent's names, list for both people) *

Clients Agent's Phone Numbers (Include the agent's names, list for both people) *

Clients Agent's Date of Births (Include the agent's names, list for both people) *

Clients Agent's Relationship to you (Include the agent's names, list for both people) *

Name of Spouse: *

Spouses Agent's Names (List 2 people) *

Spouses Agent's Addresses (Include the agent's names, list for both people) *

Spouses Agent's Email Addresses (Include the agent's names, list for both people) *

Spouses Agent's Phone Numbers (Include the agent's names, list for both people) *

Spouses Agent's Date of Births (Include the agent's names, list for both people) *

Spouses Agent's Relationship to spouse (Include the agent's names, list for both people) *

CLIENT - Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated? *

Yes No

SPOUSE - Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated? *

Yes No

Gifting Power Details

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? *

Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes? *

Yes No

Please Give Additional Details:

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to medical treatment?

Client's Name: *

Client's Health Care Agents (List 2 people) *

Client's Health Care Agent's Addresses (Include the agent's names, list for both people) *

Client's Health Care Agent's Emails (Include the agent's names, list for both people) *

Client's Health Care Agent's Phone Numbers (Include the agent's names, list for both people) *

Client's Health Care Agent's Date of Births (Include the agent's names, list for both people) *

Client's Health Care Agent's Relationship to you (Include the agent's names, list for both people) *

Spouse's Name: *

Spouse's Health Care Agents (List 2 people) *

Spouse's Health Care Agent's Addresses (Include the agent's names, list for both people) *

Spouse's Health Care Agent's Emails (Include the agent's names, list for both people) *

Spouse's Health Care Agent's Phone Numbers (Include the agent's names, list for both people) *

Spouse's Health Care Agent's Date of Births (Include the agent's names, list for both people) *

Spouse's Health Care Agent's Relationship to you (Include the agent's names, list for both people) *

Do you want to authorize your Medical Agent to take whatever steps necessary to keep you in a personal residence rather than a nursing home?

Client:

Yes No

Spouse:

Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, agent may arrange for voluntary admission?

Voluntary Admission for Client:

Yes No

Voluntary Admission for Spouse:

Yes No

In making distributions during any period of time the client is incapacitated, the successor Trustee shall give primary consideration to:

- Disabled spouse, the needs of others.
- Disabled spouse and other spouse, and then the needs of others.
- Disabled spouse needs and the needs of others equally.

DISTRIBUTION OF PERSONAL PROPERTY AND SPECIFIC GIFTS

Use of Personal Memorandum: Do you want to provide your personal property will be distributed pursuant to a written list you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

Distributed For Client:

- Spouse, then children equally
- Spouse, then to balance of trust
- Spouse, then other named individuals
- Children
- To the balance of trust
- Other named individuals (List Below)

Client Distribution Notes:

Distributed For Spouse:

- Spouse, then children equally
- Spouse, then to balance of trust
- Spouse, then other named individuals
- Children
- To the balance of the trust
- Other named individuals (List Below)

Spouse Distribution Notes

SPECIFIC GIFTS: List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

Individual or Charity, & Amount or Property & Contingent on Spouse Predeceasing?

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To each spouse's heirs-at-law.
- One-half to client's heirs-at-law and one-half to spouse's heirs-at-law.
- To the following named individuals and/or charities:

Names and/or Charities

Individual or Charity, & Amount or Property & Contingent on Spouse Predeceasing?

Other Items To Include or Discuss: Obviously your estate plan should address all your hopes, fears, and wishes.

Please list any items you want included or want to discuss:

DE LA CRUZ LAW, LLC LOOKS FORWARD TO HELPING YOU WITH YOUR ESTATE PLANNING AND TAKING THE STEPS TO A MORE COMFORTABLE LIFE! If you have any questions or we can assist you further, please call us at (770) 637-8813.