



Estate Planning Questionnaire - Single (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 *

First Name	Middle Name	Last Name
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Name preferred to be called

Birthday *

Are you a US Citizen? *

Yes No

Address *

City	State	Zip
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Home phone

Cell phone

Employer

Position

Business Address

Email *

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

Yes No

I am... *

- Single
- Divorced
- Widowed

Children and Other Family Members

First Child (name, birthdate, relationship, etc)

Second Child (name, birthdate, relationship, etc)

Third Child (name, birthdate, relationship, etc)

Fourth Child (name, birthdate, relationship, etc)

List Other Children (names, birthdates, relationships, etc)

Other Family Members To Include (names, birthdates, relationships, etc)

Advisors

Personal Attorney (Name and Phone Number)

Accountant (Name and Phone Number)

Financial Advisor (Name and Phone Number)

Life Insurance Agent (Name and Phone Number)

Your Concerns

Please rate the following as to how important they are to you:

Protecting and providing for my loved ones. *

- Children

- Grandchildren
- Not Applicable

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

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

- 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

Reduce administration costs at time of your death. *

- High Concern
- Some Concern
- Low Concern
- No Concern/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

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 receiving Social Security, disability, or other governmental benefits? (Please provide addition information below) *

- Yes No

Are you making payments pursuant to a divorce or property settlement order? (Please furnish copy) *

- Yes No

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

- Yes No

Have you ever filed federal or state gift tax returns? (Please furnish copy of returns) *

- Yes No

Have you completed previous will, trust, or estate planning? (Please furnish copies of these documents) *

- 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

Please Give Additional Details:

Are you currently the beneficiary of anyone else's trust? (If so, please explain in Addition Information) *

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 or other major financial support to adult children or others? *

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 - Personal Information

REAL PROPERTY -

Any interest in real estate including your family residence, vacation home, time share, vacant land, etc. Include General Description, Owner, Market Value, and Loan Balance.

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 Miscellaneous Furniture and household effects, Owner, and Market Value.

AUTOMOBILES, BOATS, AND RV'S -

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

BANK ACCOUNTS -

Name of Institution & Account Number, Type (Checking, Savings, Certificate of Deposit, or Money Market), Owner, and Amount (Do not include IRAs or 401(k)s here)

STOCKS & BONDS -

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

LIFE INSURANCE POLICIES & 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 (PS), 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 interest, your ownership in the interest, 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, GIFTS, OR LAWSUIT JUDGEMENT -

Gifts or inheritance that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgement in a lawsuit. Describe in appropriate detail.

OTHER ASSETS -

Other property is any property that you have that does not fit into any listed category. Include Type, Owner, and Value.

SUMMARY OF VALUE

Real Property Value

\$

Furniture and Personal Effects Value

\$

Automobiles, Boats, and RV's Value

\$

Bank and Savings Account Value

\$

Stocks and Bonds Value

\$

Life Insurance and Annuities Value

\$

Retirement Plans Value

\$

Business Interest Value

\$

Money Owed To You Value

\$

Anticipated Inheritance, Etc. Value

\$

Other Assets Value

\$

Client 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.

Name, Address, Email, Phone Number, DOB, and Relationship *

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

Initial Trustee's Mailing Address *

Initial Trustee's Email Address *

Initial Trustee's Phone Number *

Initial Trustee's Date of Birth *

Initial Trustee's Relationship to you *

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?

Death 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 *

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?

Death Trustee's Name *

Death Trustee's Mailing Address *

Death Trustee's Email Address *

Death Trustee's Phone Number *

Death Trustee's Date of Birth *

Death Trustee's Relationship with you *

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

Client's Agent's Names (List 2 people) *

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

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

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

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

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

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

- Yes No

Health Care

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment? Include Name, Relationship, and Instructions/Guidelines. (List 2 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? *

- 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? *

- Yes No

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

- Your needs and then the needs of others dependent upon you.
- Your needs and the needs of others dependent upon you equally.

Distribution of Personal Property and Specific Gifts

USE OF PERSONAL PROPERTY MEMORANDUM: Do you want to provide that 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: *

- Children Equally
- To the Balance of the Trust
- Other named individuals. List:

Other Named Individuals Include:

Specific Gifts

List any specific gifts of real estate or cash gifts you wish to either individuals or charities. Include Names/Titles and Amount/Property *