

*Estate Planning & Asset Protection
Probate and Trust Administration
Elder Law – Special Needs
Long-Term Care Planning – Medicaid
Veterans Benefits – Aid & Attendance
International Tax*

ESTATE PLANNING

QUESTIONNAIRE FOR A COUPLE

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

Personal Information:

Husband:

Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Can we call you at work? /Yes/ /No/

Email address: _____

Can we email documents? /Yes/ /No/

Date of Birth: _____

Place of Birth: _____

Prior marriages: /Yes/ /No/

Name of former spouse: _____

Please provide a copy of the divorce agreement and order

Pre-nuptial or post-nuptial agreement: /Yes/ /No/

Please provide a copy of the agreement.

Are you a veteran? /Yes/ /No/

Wife:

Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Can we call you at work? /Yes/ /No/

Email address: _____

Can we email documents? /Yes/ /No/

Date of Birth: _____

Place of Birth: _____

Prior marriages: /Yes/ /No/

Name of former spouse: _____

Please provide a copy of the divorce agreement and order

Pre-nuptial or post-nuptial agreement: /Yes/ /No/

Please provide a copy of the agreement.

Are you a veteran? /Yes/ /No/

Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Family Information

Children names [and date of birth for minors]:

YOUR CONCERNS

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

(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Protect children’s inheritance in the event of a surviving spouse’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? Describe _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Please furnish a copy.		
If married have you and your spouse signed a pre- or post-marriage contract? Please furnish a copy.		
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you (or your spouse) ever filed federal or state gift tax returns? Please furnish copies of these returns.		
Have (you or your spouse) completed a previous will, trust, or estate plan? Please furnish copies of these documents.		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain below.		
Are there any other charitable organizations you wish to make provisions for at the time of your death? If so, please explain below.		
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		
Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

FIDUCIARY SELECTION

Executor – Personal Representative:

Husband:

Spouse is primary executor? /Yes/ /No/

Executor(s) #1: _____

Alternate(s): _____

Alternate (s): _____

Co-executors must act together?

Co-executors may act separately?

Wife:

Spouse is primary executor? /Yes/ /No/

Executor (s) # 1: _____

Alternate (s): _____

Alternate (s): _____

Co-executors must act together?

Co-executors may act separately?

We will need their addresses, telephone numbers and email addresses.

Trustees for a general trust (see after for the trustees of a children trust):

If they are not the same as the executors mentioned above, please state your selection:

Guardians for minor children:

Name of first guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Name of second guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Name of third guardian(s): _____

In case of co-guardians:

- *If one of the guardians dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Trustee for minor children:

Name of first trustee(s): _____

In case of co-trustees:

- *If one of the trustees dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Name of second trustee(s): _____

In case of co-trustees:

- *If one of the trustees dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Name of third trustee(s): _____

In case of co-trustees:

- *If one of the trustees dies or is unable to serve, does the other serve alone? /Yes/ /No/*
- *If they are married and divorced: Who should serve? _____*

Specific instructions:

CHILDREN TRUST SPECIFIC INSTRUCTIONS:

Completed during the initial consultation

- One Trust** until the youngest reaches the age of _____, then the trust is to be distributed:
 - Outright in separate shares to each child
 - Held in separate trust for each child
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____

- Separate trusts** from the beginning
 - To be distributed at the age of _____
 - To be distributed 1/3 at the age of _____, then the remaining 1/2 at the age of _____, then the balance at the age of _____
 - To be held in trust for the life of the child
 - Total power of appointment to bequest the balance of the trust
 - Limited power of appointment to only the descendant of the child
 - Limited power of appointment to the descendant and spouse of the child
 - Limited power of appointment to the descendant and only life estate for the spouse of the child
 - Special Needs Trust for _____

Other instructions:

POWER OF ATTORNEY (FINANCIAL POWER):

If they are not the same as the executors mentioned above, please state your selection:

- Immediate power: effective upon signing
- Springing power: effective only upon medical certification
- Combination power: effective upon signing for the spouse, but only upon medical certification for any alternates

- Shall your agent have full gifting powers?
- Do you want limitations on your agent’s gifting powers?
- Do you want a third party to authorize your agent’s gifting powers ?

MEDICAL POWER – ADVANCE MEDICAL DIRECTIVE:

If they are not the same as the executors mentioned above, please state your selection:

Do you want:

- Immediate power: effective upon signing?
- Springing power: effective only upon medical certification
- Combination power: effective upon signing for the spouse, but only upon medical certification for any alternates

Do you want:

- Do you want your Living Will to supersede the power of your agent?
- Do you want your agent to have the final say for implementing your Living Will?

Do you want to authorize your agent to consent to experimental medicine as treatment? Yes: ___ No: ___

Do you want organ donation instructions? Yes: ___ No: ___

Do you funeral instructions? Yes: ___ No: ___

HIPAA Release: Any additional individuals you would like to have access to your medical records?

Pets: Any particular instructions?

Specific Gifts:

Main Beneficiaries of Your Estate

Husband:

Wife:

DESIGN OF MARITAL SHARE *(completed during the initial consultation):*

OUTRIGHT: We want to leave property outright to the surviving spouse. We recognize that this offers no protection from creditors or predators. Allows surviving spouse to leave property to whomever he or she wants. Also allows a new spouse to possibly make claim on property in case of death or divorce

GENERAL APPOINTMENT TRUST: All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as he or she pleases. This would include the ability to remove all property in the Marital Share from the trust.

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for his or her needs (health, education and maintenance).

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

DESIGN OF FAMILY SHARE (completed during the initial consultation):

ALL INCOME – PRINCIPAL FOR NEEDS: All income is distributed to surviving spouse; principal is available for needs (health, education and maintenance).

Are descendants permissible beneficiaries of principal?_____

INCOME AND PRINCIPAL FOR NEEDS: All income and principal is available for needs. Income may be accumulated and not distributed.

Are descendants permissible beneficiaries of income and/or principal?_____

ONLY INCOME: Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.

WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS: Is surviving spouse the sole trustee with a right to appoint co-trustee (surviving spouse then determines the management and distributions for his or her needs)? Do you wish to name someone to be the co-trustee with the surviving spouse? _____

Remote Beneficiaries of Your Estate

If all of the main beneficiaries mentioned above pre-decease you...often clients select the descendants of their parents

Husband:

Wife:

Assets	Husband	Wife	Joint
Real Estate			
Checking Accounts			
Savings Accounts			
Investment Assets- Non Retirement (Stocks, Bonds, CD's, Mutual Funds, Brokerage Accounts)			
Retirement Assets (IRA, 401(k), 403(b), Deferred Annuities, Thrift Savings)			
Investment Assets- Non Retirement (Stocks, Bonds, CD's, Mutual Funds, Brokerage Accounts)			
Life Insurance			
Business Interest			
Other			
Total			
Liabilities:			
Net Total			