

ESTATE PLANNING QUESTIONNAIRE FOR SENIORS

Personal Information:

Husband:

Name: _____

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: _____

Are you a U.S. Citizen? /Yes/ /No/

Are you a military veteran? /Yes/ /No/

Wife:

Name: _____

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: _____

Are you a U.S. Citizen? /Yes/ /No/

Are you a military veteran? /Yes/ /No/

Address: _____

Home Phone: _____

Family Information

Children names and dates of birth (for minors only):**Husband:**_____

_____**Wife:**_____

Selection of Fiduciaries

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, telephones and email addresses.

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

Trustees during your incapacity:

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

Trustees for trust created upon your death:

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

Medical Power – Advance Medical Directive:

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

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:

Remote Beneficiaries of Your Estate

Husband:

Wife:

Planning for Incapacity

Is your priority to stay home even if it requires 24 hour care and your estate is depleted?

Husband: /Yes/ /No/ Wife: /Yes/ /No/

Would you consider going to an assisted living or nursing home?

Husband: /Yes/ /No/ Wife: /Yes/ /No/

Do you have any particular requirements regarding your standard of living?

Husband:

Wife:

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Any particular instructions regarding the responsibilities of the trustee, including: obligation to report to other family members, provide copies of your estate planning documents, share information, hire legal counsel, bookkeeper, care managers?

Husband:

Wife:

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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			
Total			
Liabilities:			
Net Total			