

*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**

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### **QUESTIONNAIRE FOR PARTNERS**

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, FAX OR E-MAIL.

## Personal Information:

### Partner 1:

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: \_\_\_\_\_

Are you a US Citizen?  Yes  No

Prior marriages:  Yes  No

Name of former Partner: \_\_\_\_\_

*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

### Partner 2:

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: \_\_\_\_\_

Are you a US Citizen?  Yes  No

Prior marriages:  Yes  No

Name of former Partner: \_\_\_\_\_

*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]:

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## 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	
	Partner 1	Partner 2
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 Partner.		
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 Partner’s remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

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## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your Partner) receiving Social Security, disability, or other governmental benefits? Describe _____		
Are you (or your Partner) making payments pursuant to a divorce or property settlement order? Please furnish a copy.		
If married have you and your Partner signed a pre- or post-marriage contract? Please furnish a copy.		
Have you (or your Partner) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.		
Have you (or your Partner) ever filed federal or state gift tax returns? Please furnish copies of these returns.		
Have (you or your Partner) 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 Partner) 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

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## Fiduciary Selection

### Executor – Personal Representative:

**1. PARTNER 1:** Partner is 1<sup>st</sup> primary Executor?  *Yes*     *No*

**a. Primary Executor(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**b. Successor Executor(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

IF CO-EXECUTORS ARE APPOINTED, SELECT ONE OF THE OPTIONS:

- Co-Executors must act together
- Co-Executors may act separately

**2. PARTNER 2:** Are they the same as Partner 1?  *Yes* (skip to Select Option) /  *No* (fill in your selection(s) below)

Partner is 1<sup>st</sup> primary Executor?  *Yes*     *No*

**a. Primary Executor(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**b. Successor Executor(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

IF CO-EXECUTORS ARE APPOINTED, SELECT ONE OF THE OPTIONS:

- Co-Executors must act together
- Co-Executors may act separately

**Trustees for a General Trust (See after for the Trustees of a Children Trust):**

Are they the same as Executors?     Yes (skip to Guardians) /     No (fill in your selection(s) below)

**a. Trustee(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**b. Successor Trustee(s):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Guardians for Minor Children:**

Name & Relationship 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 & Relationship 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 & Relationship 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?* \_\_\_\_\_

**Trustees for Minor Children:**

Name & Relationship 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 & Relationship 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 & Relationship 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:**

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## CHILDREN TRUST SPECIFIC INSTRUCTIONS:

### *Completed during the Initial Assessment*

- 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 Partner of the child
      - Limited power of appointment to the descendant and only life estate for the Partner 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 Partner of the child
    - Limited power of appointment to the descendant and only life estate for the Partner of the child
  - Special Needs Trust for \_\_\_\_\_

Other instructions:

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## Power of Attorney (Financial Power):

3. **PARTNER 1:** Are they the same as Executors?  Yes (skip to Select Option) /  No (fill in your selection(s) below)

Partner is 1st primary Agent?  Yes  No

**a. Primary Agent(s):**

**b. Alternate Agent(s):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

SELECT ONE OF THE THREE FOLLOWING OPTIONS:

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

4. **PARTNER 2:** Are they the same as Partner 1?  Yes (skip to Select Option) /  No (fill in your selection(s) below)

**a. Primary Agent(s):**

**b. Alternate Agent(s):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

SELECT ONE OF THE THREE FOLLOWING OPTIONS:

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



## Advance Medical Directive (Medical Power):

1. **PARTNER 1:** Are they the same as listed in Power of Attorney?  Yes (skip to Your Wishes) /  No (fill in your selection(s) below)
- a. **Primary Agent(s):** b. **Alternate Agent(s):**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

**YOUR WISHES: FOR EACH QUESTION, SELECT ONE OPTION**

1. Living Will:
  - You want your Living Will to supersede the power of your agent.
  - You want the power of your agent to supersede your Living Will.
2. If you are pregnant:
  - The viability of the baby shall be a priority. Your agent shall only consent to the removal of life-prolonging procedures, if the viability of the baby is very poor.
  - The viability of the baby shall not be a priority. Your agent shall make a healthcare decision for you.

**PLEASE ANSWER YES OR NO:**

1. Do you want organ donation instructions?  Yes  No
2. Do you want funeral instructions?  Yes  No

2. **PARTNER 1:** Are they the same as Partner 1?  Yes (skip to Select Option) /  No (fill in your selection(s) below)
- a. **Primary Agent(s):** b. **Alternate Agent(s):**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

**YOUR WISHES: FOR EACH QUESTION, SELECT ONE OPTION**

1. Living Will:
  - You want your Living Will to supersede the power of your agent.
  - You want the power of your agent to supersede your Living Will.

**PLEASE ANSWER YES OR NO:**

1. Do you want organ donation instructions?  Yes  No
2. Do you want funeral instructions?  Yes  No

**HIPAA Release:**

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

**PARTNER 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNER 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pets:** Any particular instructions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Gifts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Main Beneficiaries of Your Estate:**

**PARTNER 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNER 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remote Beneficiaries of Your Estate:**

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

**PARTNER 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTNER 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This section will be completed during the Initial Assessment***

**DESIGN OF MARITAL SHARE**

- OUTRIGHT:** We want to leave property outright to the surviving Partner. We recognize that this offers no protection from creditors or predators. Allows surviving Partner to leave property to whomever he or she wants. Also allows a new Partner to possibly make claim on property in case of death or divorce
- GENERAL APPOINTMENT TRUST:** All income and principal are available to the surviving Partner upon demand. The surviving Partner 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 Partner; principal is available for his or her needs (health, education and maintenance).
- ONLY INCOME:** Only income is distributed to surviving Partner. Principal is not available to the surviving Partner.

**DESIGN OF FAMILY SHARE (completed during the Initial Assessment):**

- ALL INCOME – PRINCIPAL FOR NEEDS:** All income is distributed to surviving Partner; 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 Partner. Principal is not available to the surviving Partner.
- WHO IS RESPONSIBLE FOR DETERMINING LIFETIME DISTRIBUTIONS:** Is surviving Partner the sole trustee with a right to appoint co-trustee (surviving Partner 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 Partner? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Assets:

*Please complete the listing of your assets with a gross estimate of their value. It will help tailor the discussion on tax issues.*

Assets	Partner 1	Partner 2	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)			
Life Insurance			
Business Interest			
Other			
<b>Total</b>			
Liabilities:			
<b>Net Total</b>			

## Digital Assets:

*It is important to maintain a list of all of your digital assets. This list is designed to get you thinking about how many digital assets you may have. If you have a social networking site, such as Facebook or LinkedIn, let your loved ones know whether you want the site maintained or whether you want the site removed.*

Digital Assets	Partner 1	Partner 2	Joint
<b><u>Social Media</u></b>			
Social Media 1 (Ex. Facebook)			
Social Media 2 (Ex. LinkedIn)			
Social Media 3 (Ex. Twitter)			
Photo sharing (Ex. Shutterfly)			
Video sharing (Ex. You Tube)			
<b><u>Miscellaneous Access Codes</u></b>			
Computer			
Safety deposit box (at the bank)			
House's safe combination			
Keypad Locks (house, garage...)			
Smartphone			
<b><u>Other</u></b>			