

*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

ESTATE PLANNING QUESTIONNAIRE FOR SENIORS

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:

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: _____

Are you a US Citizen? Yes No

Prior marriage: 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: _____

Are you a US Citizen? Yes No

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]:

Fiduciary Selection:

Executor – Personal Representative:

1. WIFE: Spouse is 1st 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. HUSBAND: Are they the same as Wife? Yes (skip to Select Option) / No (fill in your selection(s) below)

Spouse is 1st 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 during your incapacity:

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

Trustees for trust created upon your death:

Are they the same as above? Yes (skip to Select Option) / No (fill in your selection(s) below)

Advance Medical Directive (Medical Power):

1. **WIFE:** 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. **HUSBAND:** Are they the same as Wife? 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?

WIFE: _____

HUSBAND: _____

Pets:

Any particular instructions?

Specific Gifts:

Main Beneficiaries of Your Estate:

WIFE: _____

HUSBAND: _____

Remote Beneficiaries of Your Estate:

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

WIFE: _____

HUSBAND: _____

Planning for Incapacity:

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

Wife: Yes No Husband: Yes No

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

Wife: Yes No Husband: Yes No

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

<u>Wife:</u>	<u>Husband:</u>
_____	_____
_____	_____
_____	_____
_____	_____

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?

<u>Wife:</u>	<u>Husband:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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	Wife	Husband	Joint
Real Estate			
Checking Accounts			
Savings 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			