



ESTATE PLANNING QUESTIONNAIRE



GENERAL INFORMATION

Marital Status: Married Single Single, but with long-term partner

Are you and your partner Registered Domestic Partners? Yes No Don't Know

Client #1 Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female DOB: _____

U.S. Citizen? Yes No Social Sec. # _____

If No, specify citizenship: _____

Health: Excellent Reasonably good Poor Disabled: Yes No

Misc.: _____

Client #2 Name Information (if applicable)

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: Male Female DOB: _____

U.S. Citizen? Yes No Social Sec. # _____

If No, specify citizenship: _____

Health: Excellent Reasonably good Poor Serious Adverse Condition

Disabled? Yes No

Children (if applicable)

Name	Living/Deceased	Gender	Date of Birth	Child of Both	Child of?	Disabled?	Minor/Adult

Desired Guardian(s) for minor or disabled children if Client and Spouse deceased (if applicable):

Initial Guardians/Conservators:

Name(s): _____ Address: _____



ESTATE PLANNING QUESTIONNAIRE



Successor Guardians/Conservators

Name(s): _____ Address: _____

Client #1 Parents:

Names: _____ Address: _____ (or DOD)

Client's Brothers & Sisters: _____

Client #2 Parents (if applicable):

Names: _____ Address: _____ (or DOD)

Client's Brothers & Sisters: _____

CLOSELY HELD BUSINESS INTERESTS (if applicable)

Please describe any interests held in a closely held business, including name of entity, type of entity (corporation, partnership, LLC, etc.), % owned, and whether a party to any business agreements.

ESTATE PLANNING OBJECTIVES (if applicable)

Please describe important (or unusual) estate planning objectives (or problems) or any other legal issues of which I should be aware, including succession planning for any business referred above:



ESTATE PLANNING QUESTIONNAIRE



CLIENT #1 POWER OF ATTORNEY

Do you have a current Power of Attorney to give someone power over your financial affairs during your incapacity? Yes No

If yes, date: _____ Is it Durable or Springing? Durable Springing Don't Know

IF YOU DO NOT HAVE A POWER OF ATTORNEY OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

1. In preparing a Power of Attorney, would you want to provide that the Power of Attorney is in effect currently and survives incapacity, i.e., a Durable Power of Attorney? Yes No
2. Or do you desire for the Power of Attorney only to be effective upon your incapacity, referred to as a Springing Power of Attorney? Yes No

Primary Agent for Power of Attorney: _____

Address: _____ Phone/Email: _____

Alternate Agent for Power of Attorney: _____

Address: _____ Phone/Email: _____

CLIENT #2 POWER OF ATTORNEY (if applicable)

Do you have a current Power of Attorney to give someone power over your financial affairs during your incapacity? Yes No

If yes, date: _____ Is it Durable or Springing? Durable Springing Don't Know

IF YOU DO NOT HAVE A POWER OF ATTORNEY OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

1. In preparing a Power of Attorney, would you want to provide that the Power of Attorney is in effect currently and survives incapacity, i.e., a Durable Power of Attorney? Yes No
2. Or do you desire for the Power of Attorney only to be effective upon your incapacity, referred to as a Springing Power of Attorney? Yes No

Primary Agent for Power of Attorney: _____

Address: _____ Phone/Email: _____



**ESTATE PLANNING
QUESTIONNAIRE**



Alternate Agent for Power of Attorney: _____

Address: _____ Phone/Email: _____

CLIENT #1 HEALTH CARE DIRECTIVE (LIVING WILL)

Do you have an Advance Directive for Health Care (i.e., Living Will)? Yes No

If yes, date: _____

Do you have a HIPAA Authorization? Yes No

If yes, date: _____

IF YOU DO NOT HAVE A HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing an Advance Directive for Health Care, would you want continued nutrition/hydration (food/water/feeding tubes) if your death was imminent and you were unconscious? Yes No

Do you wish to become an organ donor? Yes No

Primary Health Care Agent: _____

Address: _____ Phone/Email: _____

Alternate Health Care Agent: _____

Address: _____ Phone/Email: _____

CLIENT #2 HEALTH CARE DIRECTIVE (if applicable)

Do you have an Advance Directive for Health Care (i.e., Living Will)? Yes No

If yes, date: _____

Do you have a HIPAA Authorization? Yes No

If yes, date: _____

IF YOU DO NOT HAVE A HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing an Advance Directive for Health Care, would you want continued nutrition/hydration (food/water/feeding tubes) if your death was imminent and you were unconscious? Yes No

Do you wish to become an organ donor? Yes No

Primary Health Care Agent: _____

Address: _____ Phone/Email: _____

Alternate Health Care Agent: _____



ESTATE PLANNING QUESTIONNAIRE



Address: _____ Phone/Email: _____

Prior Marriages:

Has either Client or Spouse ever been married previously? Yes No

If so, state the name of the Client with respect to each prior marriage, the Former Spouse, the Marriage Date, and when/how terminated.

Describe any Child Support Divorce Obligations to or from any Former Spouse: A copy of the divorce decree, child support orders, including any amending decrees, would be helpful.

ASSETS AND LIABILITIES

Please bring a list of all life insurance policies on each of your life and your spouse/partner's life (if applicable) showing the face value, policy loans, the owner and beneficiary of each policy. Please also bring evidence of current beneficiary designation of any retirement accounts/annuities. If unmarried, please differentiate assets below as "Solely Owned" or "Joint"

FINANCIAL SUMMARY

DESCRIPTION	ASSETS	LIABILITIES	OWNER (Client 1, 2, Both)
Cash/Liquid			
Savings			
Checking			
Money Market			
Other			
Real Estate			
Primary Mortgage			
Secondary Mortgage			
Other			
Personal Property			
Automobiles			
Jewelry			
Art or Other			
Collections			
Boats			
Other			
Intangibles			



ESTATE PLANNING QUESTIONNAIRE



Bonds			
Stock			
Mutual Funds			
Note & Mortgages			
Receivables			
Future Inheritance			
Interests in Trusts			
Annuities			
Other			
Retirement Benefits			
IRAs			
401K			
Keough Plan			
SEP			
Other			
Life Insurance Cash value/policies			
Business Interests Value of Interest			

OTHER PLANNING ISSUES

Want to benefit Charity? Y / N Which Charity? _____

Client #1, #2, Both? _____

Ownership in farm or ranch? Y / N Client #1, #2, Both? _____

Own stock is Sub-Chapter S corporation? Y / N

Client #1, #2, Both? _____

Ownership in a Medical, Dental or Veterinarian Practice? Y / N

Client #1, #2, Both? _____

Own a valuable collection? (e.g., art, stamp collections) Y / N

Client #1, #2, Both? _____

Owns interest in gas/oil? Y / N

Client #1, #2, Both? _____

Own a Primary Residence? Y / N

Client #1, #2, Both? _____

Own a Secondary Residence? Y / N



ESTATE PLANNING QUESTIONNAIRE



Client #1, #2, Both? _____

Own other significant interests in real estate? Y / N

Client #1, #2, Both? _____

MISCELLANEOUS

Does Client/Spouse have a safe-deposit box? Yes No

Location of safe-deposit box: _____

Location of important papers: _____

Has either Client ever executed a community property agreement or lived in a community property state? If so, list which Client and which states of residence: _____

Has Client #1 made gifts to any one person exceeding the gift tax annual exclusion (currently \$15,000¹) in any one calendar year? Yes No

Has Client #2 made gifts to any one person exceeding the gift tax annual exclusion (currently \$15,000) in any one calendar year? Yes No

Has Client ever filed a Federal Gift Tax Return? Yes No

If Yes, Years of Returns filed: _____

Has Client #2 ever filed a Federal Gift Tax Return? Yes No

If Yes, Years of Returns filed: _____

Do you consent and authorize us to send draft documents via email? Yes No

Desired Email Addresses: _____, _____

Referral Information

By whom were you referred to this office? _____

¹ The gift tax annual exclusion was \$10,000 for gifts made in 2001 or earlier, \$11,000 for gifts made in 2002, 2003, 2004, or 2005, \$12,000 for gifts made in 2006, 2007, or 2008 and \$13,000 for gifts made in 2009, 2010, 2011 and 2012. For 2013, 2014, 2015 and 2016, the gift tax exclusion is \$14,000, For 2018 the gift tax exclusion is \$15,000.