

# Estate Planning Questionnaire

## **I. FAMILY**

### **A. PERSONAL**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Telephone \_\_\_\_\_
4. Email \_\_\_\_\_
5. Birth Date \_\_\_\_\_
6. Citizenship \_\_\_\_\_

### **B. PRIOR MARRIAGES**

1. Former Spouse \_\_\_\_\_
2. Date Marriage Terminated:
  - a. by Divorce \_\_\_\_\_
  - b. by Death \_\_\_\_\_
3. Obligations to or from former spouse: \_\_\_\_\_

### **C. CHILDREN, GRANDCHILDREN and DEPENDENTS**

#### **1. Living Children:**

- a. Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- b. Name \_\_\_\_\_  
Birth Date \_\_\_\_\_
- c. Name \_\_\_\_\_  
Birth Date \_\_\_\_\_

2. **Deceased Children** (and any surviving descents of deceased children)

a. Name \_\_\_\_\_

b. Name \_\_\_\_\_

3. **Grandchildren**

Name	Parent	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Dependents**

Are there any persons (other than any minor children) who are partially or wholly dependent upon you for support now or possibly in the future?

\_\_\_\_\_

**II. ASSETS and FINANCIAL INFORMATION**

**A. ASSET SCHEDULE**

- 1. Real Property \$ \_\_\_\_\_
- 2. Brokerage Accounts \$ \_\_\_\_\_
- 3. Checking/Savings \$ \_\_\_\_\_
- 4. Life Insurance \$ \_\_\_\_\_
- 5. Retirement Programs \$ \_\_\_\_\_
- 6. Misc. Property (antiques, jewelry) \$ \_\_\_\_\_
- 7. Liabilities (Mortgages, other debts) \$ \_\_\_\_\_
- 8. Other assets (LLCs, business interests) \$ \_\_\_\_\_

9. **Digital Assets**

**B. GIFTS, INHERITANCES and TRUSTS**

1. Are you likely to receive any gifts or inheritances? Do you receive income from a trust?

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2. Do you make, or intend to make, regular gifts to any person?

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**C. RETIREMENT BENEFITS**

Are you a participant in a retirement plan? If yes, please provide information regarding type of plan, current value, and beneficiary designation.

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**D. INSURANCE**

Please list any life insurance policies in existence on your life.

Company, Type of Insurance, Amount:

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Beneficiaries: \_\_\_\_\_

**III. PLANNING CONSIDERATIONS**

**A. PLANNING OBJECTIVES AND PRIORITIES**

Please describe any significant planning objectives or priorities that you may have. Include intended beneficiaries, and alternates in the event a beneficiary should predecease you.

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Do you intend to make gifts of specific items or dollar amounts to any family members or to any other beneficiaries? If yes, please describe:

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## **B. CHARITABLE ORGANIZATIONS**

Please list the charitable organizations that you currently support, and indicate if you intend to continue supporting these, or any other programs, after your death.

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## **C. CHOICE OF FIDUCIARIES**

The first trustee will be you. I recommend that you name the same person under each document (will, trust, durable power of attorney for property management or DPOA) to serve as executor, successor trustee and agent. That way the same person will manage all of your assets regardless of what the asset is and how it is held. The fiduciary should be someone you trust to manage your financial affairs and eventually administer your estate.

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Do you want your Fiduciary to manage or access digital assets such as a Facebook account or your email?**

**How should diminishing capacity to handle financial affairs be determined in your documents (e.g. letters from 2 doctors, a letter from the attending physician, a “committee” of agreed upon persons)?**

## **D. PROVISIONS FOR CHILDREN**

### **1. Guardians for Minor Children**

You may name an individual or a married couple. Also there may be separate guardians “of the person” (to live with your child) and guardians “of the estate” (to manage your child’s assets).

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**2. Distribution of Trust Estate**

a. Age of youngest child before distribution: \_\_\_\_\_

b. Age for distribution (e.g. 1/3 at 25, 1/2 at 30, remainder at 35):

\_\_\_\_\_

**3. Do any of your beneficiaries have special needs or specific health issues?**

\_\_\_\_\_

***IV. OTHER DOCUMENTS***

**A. DURABLE POWER OF ATTORNEY-PROPERTY MANAGEMENT**

The Durable Power of Attorney for Property Management names someone to manage your financial assets held outside your trust (social security, assets that pass by beneficiary designation). It is typically effective if you become incompetent to handle your own financial affairs. Who would you name as your agent(s)?

\_\_\_\_\_

\_\_\_\_\_

**B. DURABLE POWER OF ATTORNEY-HEALTH CARE**

The Durable Power of Attorney for Health Care lets you choose a person, or persons, who can legally make health care decisions for you if you become unable to make those decisions for yourself. Who would you name as your agent(s)? There is also the opportunity to clarify your wishes around end-of-life care, what would your wishes be?

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\_\_\_\_\_

Please sign and date: \_\_\_\_\_

\_\_\_\_\_