



ESTATE PLANNING QUESTIONNAIRE

PLEASE PRINT

Marital Status: Married Single Divorced Widowed

Your Legal Name (First, Middle, Last) Date of Birth

Home Address City State Zip

Preferred Phone Number: _____ Cell Home Work

Alternate Phone Number: _____ Cell Home Work

Email: _____ It is okay to communicate with me by email

Spouse's Legal Name (First, Middle, Last) Date of Birth

Preferred Phone Number: _____ Cell Home Work

Alternate Phone Number: _____ Cell Home Work

Email: _____ It is okay to communicate with me by email

Trusted Individuals Named in Plan: *Please advise if any of your children, other children are from a prior marriage or that have special needs.*

1. _____
Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
Grandchild	Age	Grandchild	Age

2. _____
Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
Grandchild	Age	Grandchild	Age

3. _____
Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse	Age	Grandchild	Age
Grandchild	Age	Grandchild	Age

4.

Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse Age Grandchild Age

Grandchild Age Grandchild Age

5.

Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse Age Grandchild Age

Grandchild Age Grandchild Age

6.

Legal Name Date of Birth

Address City State Zip

Child of Both Parties Child of Husband Child of Wife

Spouse and Grandchildren:

Spouse Age Grandchild Age

Grandchild Age Grandchild Age

TRUST DECISIONS: YOUR LIVING TRUST TEAM

1. Trustee(s) - *Manages your trust now; usually you (and your spouse) and/or a Corporate Trustee.*

2. Successor Trustee(s) - *Steps in at your incapacity or death; can be an adult child, trusted friend, and/or a Corporate Trustee.*

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

#3 Choice: Name _____ Phone _____
Address _____

3. Guardian For Minor Children - *Responsible adult who will raise your minor children if something happens to you.*

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

4. Trustees for Minor Children - *Manages inheritance; can be same person as Guardian, another adult and/or a Corporate Trustee.*

#1 Choice: Name _____ Phone _____
Address _____

#2 Choice: Name _____ Phone _____
Address _____

BENEFICIARIES**1. Special Gifts To Organizations**

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

2. Special Gifts to Individuals

Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

Name of Person	Address	Description of Gift

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/Organization	Address	Amount/Percentage

4. Inheriting Instruction

Do you want your Beneficiaries to receive their inheritance in installments, at certain ages, or all at once?

5. Dependents Who Require Special Care

Do any of your dependents (aging parents, disabled children) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

6. Alternate Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you have named above?

Name of Person/Organization	Address	Amount/Percentage

7. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

WILL: This document will allow assets that were not owned by your Trust to be transferred to your Trust. The person named below is referred to as the **Personal Representative**.

You

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

Your Spouse

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

SPECIAL INSTRUCTIONS:

GENERAL DURABLE POWER OF ATTORNEY: *This document lets you choose the person you want to make non-healthcare decisions for you.*

You

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

- Check one: Authority is immediate
 Authority is granted ONLY if one doctor states I lack capacity
 Authority is immediate for my spouse only; authority is granted ONLY if one doctor states I lack capacity for all other agents.

Your Spouse

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

- Check one: Authority is immediate
 Authority is granted ONLY if one doctor states I lack capacity
 Authority is immediate for my spouse only; authority is granted ONLY if one doctor states I lack capacity for all other agents.

AGENT'S POWERS:

- I do not wish to place any restrictions on my agent's authority.
- I do not wish to grant my agent the following powers:
 - To create, amend or revoke trusts.
 - To gift.
 - To change beneficiary or ownership designations.
 - Other _____

SPECIAL INSTRUCTIONS:

HEALTH CARE DOCUMENTS: *These documents let you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. Choose someone you trust; spouse, friend or other relative. (Your doctor or employee of your healthcare provider typically can not act.) List your choices below:*

You

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

Your Spouse

#1 Choice: Name _____

#2 Choice: Name _____

#3 Choice: Name _____

Are you considering **anatomical gifts**?

You	Your Spouse
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Who do you want your healthcare professionals to be able to talk to about your health (generally your family and close friends)? Note: this does not give these individuals the ability to make decisions on your behalf.

You	Your Spouse

SPECIAL INSTRUCTIONS/FUNERAL INSTRUCTIONS:
