

ESTATE PLANNING QUESTIONNAIRE

DATE: _____

FULL NAMES:

Husband: _____ Date of Birth: _____

Wife: _____ Date of Birth: _____

Address: _____

Zip Code: _____

Home Phone: (____) _____

Home Fax: (____) _____

Husband's Work Phone: (____) _____

H. Work Fax: (____) _____

Wife's Work Phone: (____) _____

W. Work Fax: (____) _____

Social Security Numbers: H _____ W _____

U.S. Citizen? H: Yes _____, No _____ W: Yes _____, No _____

Names, birth dates and current ages of children (indicate if from a prior marriage): _____

Names and approximate ages of grandchildren (indicate which child is the parent): _____

ESTATE PLANNING WORKSHEET

Persons to Serve as Personal Representative (i.e., the Personal Representative designated in your Will collects, protects and manages the estate assets, accounts to the Probate Court for his/her administration of the estate and files estate tax and income tax returns during the pendency of the estate. Non-resident individuals may serve.):

HUSBAND:

Initial Personal Representative: _____

Address: _____

Successor Personal Representative: _____

Address: _____

Successor Personal Representative: _____

Address: _____

WIFE:

Initial Personal Representative: _____

Address: _____

Successor Personal Representative: _____

Address: _____

Successor Personal Representative: _____

Address: _____

Persons to Serve as Agent for Medical Durable Power of Attorney

(i.e. The Agent designated in your Medical Durable Power of Attorney will make decisions for your medical and healthcare in the event that you are incapacitated or disabled either mentally or physically to the point that you lack the capacity to make or communicate your decisions. In exercising the Authority granted to the Agent, the Agent will be guided by the provisions of the Medical Durable Power of Attorney, any preference that you may express, the desires expressed in your Living Will and what your Agent believes you would want done in the circumstances, if you were able to express yourself.)

HUSBAND:

Initial Agent: _____

Address: _____

Successor Agent: _____

Address: _____

Successor Agent: _____

Address: _____

WIFE:

Initial Agent: _____

Address: _____

Successor Agent: _____

Address: _____

Successor Agent: _____

Address: _____

Persons to Serve as Attorney-in-Fact for Durable Power of Attorney (i.e. The Attorney-in-Fact designated in your Durable Power of Attorney will make decisions for you regarding financial and business decisions in the event that you are incapacitated or disable either mentally or physically to the point that you lack the capacity to make or communicate your decisions.

HUSBAND:

Initial Attorney-in-Fact: _____

Address: _____

Successor Attorney-in-Fact: _____

Address: _____

Successor Attorney-in-Fact: _____

Address: _____

WIFE:

Initial Attorney-in-Fact: _____

Address: _____

Successor Attorney-in-Fact: _____

Address: _____

Successor Attorney-in-Fact: _____

Address: _____

Living Will: (i.e. Measures of artificial life support in the face of impending death due to an incurable terminal illness or in the event of my being in a persistent vegetative state which I do not wish to be used indefinitely are: (Check all that are appropriate)

HUSBAND:

1. Electrical or mechanical resuscitation of my heart or lungs (CPR) in the event of cardiac or cardiopulmonary arrest,
☐ To be used ☐ Not to be used
- (2) Artificial nutrition and hydration administered by invasive procedures when I am paralyzed and no longer able to swallow,
☐ To be used ☐ Not to be used
- (3) Antibiotics,
☐ To be used ☐ Not to be used
- (4) Mechanical devices such as, but not limited to; ventilators, pacemakers, renal dialysis machines, or other devices designed to assist the functioning of organs when my brain can no longer sustain the functioning of my organs, and/or
☐ To be used ☐ Not to be used
- (5) Blood transfusions and use of blood products
☐ To be used ☐ Not to be used
- (6) Pain medication which may alter my mental abilities
☐ To be used ☐ Not to be used

WIFE:

- (1) Electrical or mechanical resuscitation of my heart or lungs (CPR) in the event of cardiac or cardiopulmonary arrest
☐ To be used ☐ Not to be used
- (2) Artificial nutrition and hydration administered by invasive procedures when I am paralyzed and no longer able to swallow
☐ To be used ☐ Not to be used
- (3) Antibiotics,
☐ To be used ☐ Not to be used

(4) Mechanical devices such as, but not limited to; ventilators, pacemakers, renal dialysis machines, or other devices designed to assist the functioning of organs when my brain can no longer sustain the functioning of my organs, and/or

☐ To be used ☐ Not to be used

(5) Blood transfusions and use of blood products

☐ To be used ☐ Not to be used

(6) Pain medication which may alter my mental abilities

☐ To be used ☐ Not to be used

Primary Medical Providers:

HUSBAND:

Name of Physician: _____

Address: _____

WIFE:

Name of Physician: _____

Address: _____

For any of the following questions answered "yes," please provide the additional information or copies of the document(s) requested.

	YES	NO
1. Are any of your children adopted?	_____	_____
2. Have either of you been divorced?	_____	_____
If so, please provide a <u>copy</u> of the decree and property settlement agreement.		
3. Have you lived outside of your present state of residence during your marriage?	_____	_____
If so, indicate in which other state(s).		

	YES	NO
4. Do you have existing Wills?	_____	_____
If so, please provide <u>copies</u> .		
5. Have either of you received a substantial amount of property from an inheritance, a gift, or as a beneficiary of a trust?	_____	_____
If so, please describe and provide a <u>copy</u> of any gift tax or estate tax return(s).		
6. Do either of you anticipate any sizeable inheritance or are you the beneficiary of an existing probate estate?	_____	_____
If so, please indicate its approximate value.		
7. Are either of you or any of your children the beneficiary or trustee of a trust created under a Will or a written trust agreement?	_____	_____
8. Do you or any of your children have any power of appointment over any trust property?	_____	_____
If so, please indicate the nature of your interest, the approximate value of the trust corpus and provide a <u>copy</u> of the Will or trust agreement.		
9. Do any of your children have mental or physical problems which may require special care or attention?	_____	_____
10. Have either of you created an inter-vivos trust under a written trust agreement?	_____	_____
If so, indicate the name(s) of the trustee(s) and the value of the trust corpus and provide a <u>copy</u> of the agreement.		

	YES	NO
11. Have either of you made any substantial gifts?	_____	_____
If so, please indicate to whom, when, the value of the gift(s) and provide <u>copies</u> of any gift tax return(s) filed.		
12. Are either of you a custodian for any of your minor children under any state's Uniform Gifts to Minors Law or a trustee of a bank or savings and loan "trust account" for any of your children?	_____	_____
If so, please indicate the value of the account.		
13. Do your children already own substantial property in their own names?	_____	_____
If so, please indicate the type of property, its source, and its approximate value.		
14. Do either of you own property jointly with a third party or do you own property which is payable on your death to another?	_____	_____
If so, please describe.		
15. Does a third party (individual or corporation) own life insurance on the life of either of you or do either of you own life insurance on the life of someone else?	_____	_____
If so, please indicate the name of the owner, the cash value, and the face amount of the policy(ies).		
16. Do you have a safe deposit box?	_____	_____
If so, please indicate in whose name(s) it is rented and its location.		
17. Do you have a pre-nuptial or post-nuptial agreement?	_____	_____
If so, please provide a <u>copy</u> .		

- | | YES | NO |
|---|-------|-------|
| 18. Do either of you have an individual retirement account (IRA)? | _____ | _____ |
| If so, please indicate the value of the account and the named beneficiary. | | |
| 19. Are either of you a participant in any employer-provided retirement plan(s)? | _____ | _____ |
| If so, please indicate the name of the employer, the type of plan (pension plan, profit sharing plan, employee stock ownership plan, etc.), your present account balance, the designated beneficiary(ies) and the selected method of payment of benefits. In addition, please provide a <u>copy</u> of the plan itself or a summary plan description. | | |

ASSETS (Approximate Current Values)

	HUSBAND'S NAME	WIFE'S NAME	JOINT NAME
Bank accounts and cash	_____	_____	_____
Personal property (cars, jewelry, furniture, etc.)	_____	_____	_____
Marketable stocks and bonds	_____	_____	_____
Closely-held business interests ¹	_____	_____	_____
Real estate (home)	_____	_____	_____
Real estate (other)	_____	_____	_____
Property located outside state of residence ²	_____	_____	_____

¹Indicate type of entity, approximate value of your interest and percent of business owned. Also indicate whether there are any agreements restricting transferability of your interest.

²Indicate, on a separate list if necessary, kind of property and its location.

	HUSBAND'S NAME	WIFE'S NAME	JOINT NAME
Life insurance ³ (death benefits)	_____	_____	_____
Retirement plan death benefits ⁴	_____	_____	_____
Other employment-related benefits (describe)	_____	_____	_____
Other assets (<u>attach list</u>)	_____	_____	_____
<u>LIABILITIES</u>			
Insurance loans, mortgages, major obligations, etc.	_____	_____	_____
<u>NET ESTATE</u> (Assets Less Liabilities)	_____	_____	_____

³Indicate, on a separate list if necessary, beneficiary and owner for each policy.

⁴Indicate beneficiary.