**ESTATE PLANNING QUESTIONNAIRE**

Please complete this form and return to the address listed above. Please type or print clearly to help prevent misspellings. If necessary, please use additional sheets of paper to answer the questions. **PLEASE PROVIDE A COPY OF ANY PREVIOUS WILLS, TRUSTS, OR PREMARITAL AGREEMENTS (IF ANY) ESTABLISHED BY YOU OR FOR YOUR BENEFIT.**

Please note that you do not need to complete this questionnaire in full. If you have any questions, please leave that item blank. Our attorneys will be happy to discuss any questions you may have.

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| **GENERAL CLIENT INFORMATION** | | | | | | | | | | | | | | | | | | |
| HUSBAND’S FULL NAME (First, Middle, Last) | | | | | | | | | | | | | SOCIAL SECURITY NO. | | | | BIRTH DATE | |
| WIFE’S FULL NAME (First, Middle, Last) | | | | | | | | | | | | | SOCIAL SECURITY NO. | | | | BIRTH DATE | |
| IS THE HUSBAND A CITIZEN OF THE UNITED STATES? 🞏 YES 🞏 NO  IF NO, WHAT IS THE COUNTRY OF CITIZENSHIP? | | | | | | | | | | IS THE WIFE A CITIZEN OF THE UNITED STATES? 🞏 YES 🞏 NO  IF NO, WHAT IS THE COUNTRY OF CITIZENSHIP? | | | | | | | | |
| CLIENT’S ADDRESS COUNTY OF RESIDENCE | | | | | | | | | | | | | | | | | | |
| HOME TELEPHONE | | | | | HUSBAND’S CELL PHONE | | | | | | | | | | WIFE’S CELL PHONE | | | |
| HUSBAND’S WORK PHONE | | | | | WIFE’S WORK PHONE | | | | | | | | | | PREFERRED EMAIL ADDRESS | | | |
| DATE AND PLACE OF MARRIAGE | | | | | | | | | | | | | | | | | | |
| NAME AND CONTACT INFORMATION OF YOUR CPA (if any) | | | | | | | | | | | | | | | | | | |
| NAME AND CONTACT INFORMATION OF YOUR FINANCIAL ADVISOR (if any) | | | | | | | | | | | | | | | | | | |
| NAME AND CONTACT INFORMATION OF YOUR LIFE INSURANCE AGENT (if any) | | | | | | | | | | | | | | | | | | |
| WHO REFERRED YOU TO OUR OFFICE? | | | | | | | DO YOU WISH ANY OTHER PARTY TO RECEIVE COPIES OF YOUR DOCUMENTS? 🞏 YES 🞏 NO  IF YES, WHO? | | | | | | | | | | | |
| HOW WOULD YOU PREFER WE SEND YOUR DOCUMENTS TO YOU? 🞏 EMAIL 🞏 REGULAR MAIL 🞏 OVERNIGHT MAIL 🞏 COURIER | | | | | | | | | | | | | | | | | | |
| **I. PERSONAL AND FAMILY DATA** | | | | | | | | | | | | | | | | | | |
| **A** | **DOES EITHER PARTY HAVE ASSUMED OR FORMER NAMES, SUCH AS A MAIDEN NAME, OR NICKNAMES, THAT SHOULD BE INCLUDED?** 🞏 YES 🞏 NO  **IF SO, WHAT ARE THEY?** | | | | | | | | | | | | | | | | | |
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| **B** | **DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)?** 🞏 YES 🞏 NO **IF YES, PLEASE STATE THE NAME(S) OF THE FORMER SPOUSE(S), AND THE YEAR THAT THE DEATH OCCURRED, OR DISSOLUTION OF MARRIAGE WAS FINALIZED.** | | | | | | | | | | | | | | | | | |
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| **C** | **ARE THERE ANY CHILDREN (INCLUDING ADOPTED CHILDREN) FROM THIS CURRENT RELATIONSHIP, A PRIOR MARRIAGE, OR PRIOR RELATIONSHIP FOR EITHER PARTY?** 🞏 YES 🞏 NO **IF YES, PLEASE LIST BELOW.** | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | BIRTH DATE | | | | | | MOTHER’S NAME | | | | | FATHER’S NAME | | | |
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| **HAVE ANY OF THE ABOVE CHILDREN PREDECEASED THEIR PARENTS?** 🞏 YES 🞏 NO **(IF YES, PLEASE INDICATE WHICH.)**  **DO YOU WISH TO PROVIDE FOR CHILDREN BORN TO OR ADOPTED BY YOU IN THE FUTURE?** 🞏 YES 🞏 NO    **DOES EITHER HUSBAND OR WIFE HAVE ANY CHILDREN OR OTHER BENEFICIARIES WITH SPECIAL NEEDS?** 🞏 YES 🞏 NO | | | | | | | | | | | | | | | | | | |
| **PLEASE LIST THE NAMES AND BIRTH DATES OF ALL LIVING GRANDCHILDREN, INCLUDING ADOPTED GRANDCHILDREN AND GREAT-GRANDCHILDREN.** | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | | | | BIRTH DATE | | | | | | | |
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| **D** | **IN A FEW SENTENCES, PLEASE TELL US ABOUT YOUR ESTATE PLANNING GOALS. EXAMPLES OF SUCH GOALS COULD BE MINIMIZING ESTATE TAXES, PROVIDING FOR YOUR DESCENDANTS, PROTECTING A FAMILY BUSINESS, ETC. ADDITIONALLY, PLEASE LIST WHOM YOU WISH TO PROVIDE FOR IN YOUR WILL** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **DOES HUSBAND WISH TO BE BURIED OR CREMATED?** 🞏 BURIED 🞏 CREMATED | | | | | | | | | **DOES WIFE WISH TO BE BURIED OR CREMATED?** 🞏 BURIED 🞏 CREMATED | | | | | | | | | |
| **II. DISPOSITION OF THE ESTATE** | | | | | | | | | | | | | | | | | | |
| **A** | **PLEASE LIST ALL SPECIFIC BEQUESTS, IF ANY, THAT EITHER THE HUSBAND OR WIFE WISHES TO MAKE. A “SPECIFIC BEQUEST” IS THE GIFT OF A CERTAIN ARTICLE (SUCH AS A PIECE OF JEWELRY OR A PAINTING) TO A SPECIFIC INDIVIDUAL OR GROUP OF INDIVIDUALS.** | | | | | | | | | | | | | | | | | |
| **HUSBAND’S SPECIFIC BEQUESTS:** | | | | | | | | | | | | | | | | | | |
| **WIFE’S SPECIFIC BEQUESTS:** | | | | | | | | | | | | | | | | | | |
| **B** | **UPON THE DEATH OF BOTH SPOUSES, THE ESTATE WILL BE DISTRIBUTED TO THE BENEFICIARIES. THE ESTATE CAN BE DISTRIBUTED “OUTRIGHT” (DIRECTLY TO THE BENEFICIARIES) OR “IN TRUST” (PLACED INTO A TRUST CREATED FOR THE BENEFIT OF THE BENEFICIARIES BUT NOT NECESSARILY CONTROLLED BY THE BENEFICIARIES). BEQUEATHING ASSETS INTO A TRUST ALLOWS FOR ENHANCED CONTROL AND CREDITOR PROTECTION OVER THE ASSETS. FOR MORE GUIDANCE ON THE PROPER OPTION FOR YOU, PLEASE SPEAK WITH ONE OF OUR ATTORNEYS.** | | | | | | | | | | | | | | | | | |
| **IF YOU WISH TO HAVE YOUR ASSETS DISTRIBUTED IN TRUST TO BENEFICIARIES, YOU HAVE THE OPTION OF NAMING BENEFICIARIES TO SERVE AS CO-TRUSTEE AND SOLE TRUSTEE OF THEIR TRUSTS AT CERTAIN AGES. YOU MAY ALSO ELECT THAT THE BENEFICIARIES NEVER SERVE AS TRUSTEE. FOR MORE GUIDANCE, PLEASE SPEAK WITH ONE OF OUR ATTORNEYS.**  **AT WHAT AGE SHOULD BENEFICIARIES BECOME CO-TRUSTEE? \_\_\_\_\_\_\_\_\_\_\_ AT WHAT AGE SHOULD BENEFICIARIES BECOME SOLE TRUSTEE? \_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | |
| **C** | **IN THE EVENT THAT YOUR PRIMARY BENEFICIARIES ALL PREDECEASE THE SECOND SPOUSE TO DIE, THE ESTATE WILL PASS TO CONTINGENT BENEFICIARIES. PLEASE LIST DESIRED CONTINGENT BENEFICIARIES BELOW.**  **IN THE EVENT THAT ONE OF YOUR CONTINGENT BENEFICIARIES PREDECEASES THE SECOND SPOUSE TO DIE, THAT SHARE OF THE ESTATE WILL BE DISTRIBUTED PROPORTIONATELY TO ALL OTHER CONTINGENT BENEFICIARIES UNLESS YOU INDICATE OTHERWISE.** | | | | | | | | | | | | | | | | | |
|  | **NAME OF CONTINGENT BENEFICIARY** | | | | | | | **RELATION TO HUSBAND/WIFE** | | | | | | **CONTINGENT BENEFICIARY FOR WHOM?** | | | |
| **1.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **2.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **3.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **4.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **5.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **6.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **7.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **8.** |  | | | | | | |  | | | | | | **🞏 Both 🞏 Only for Husband 🞏 Only for Wife** | | | |
| **III. DESIGNATION OF EXECUTORS, REPRESENTATIVES, GUARDIANS, AND TRUSTEES** | | | | | | | | | | | | | | | | | | |
| **THE EXECUTOR IS THE PERSON OR INSTITUTION IN CHARGE OF CARRYING OUT THE TERMS OF YOUR WILL.**  **WHOM WOULD YOU LIKE TO NAME AS THE EXECUTOR OF THE HUSBAND’S ESTATE? 🞏 WIFE 🞏 OTHER (please list below)**  **IN THE EVENT THAT HUSBAND’S EXECUTOR IS UNABLE TO SERVE, PLEASE PROVIDE A LIST OF ALTERNATE EXECUTORS BELOW:** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO HUSBAND** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **WHOM WOULD YOU LIKE TO NAME AS THE EXECUTOR OF THE WIFE’S ESTATE? 🞏 HUSBAND 🞏 OTHER (please list below)**  **IF WIFE’S EXECUTOR IS UNABLE TO SERVE, PLEASE LIST ALTERNATE EXECUTORS BELOW (IF SAME AS HUSBAND, CHECK BOX)** 🞏 **SAME AS HUSBAND** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO WIFE** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS THE HUSBAND’S MEDICAL POWER OF ATTORNEY?**  **SHOULD THIS MEDICAL POWER OF ATTORNEY BECOME EFFECTIVE** 🞏 **IMMEDIATELY OR** 🞏 **UPON INCAPACITY?** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO HUSBAND** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS WIFE’S MEDICAL POWER OF ATTORNEY? (IF SAME AS HUSBAND, CHECK BOX)** 🞏 **SAME AS HUSBAND**  **SHOULD THIS MEDICAL POWER OF ATTORNEY BECOME EFFECTIVE** 🞏 **IMMEDIATELY OR** 🞏 **UPON INCAPACITY?** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO WIFE** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS THE HUSBAND’S FINANCIAL POWER OF ATTORNEY?**  **SHOULD THIS FINANCIAL POWER OF ATTORNEY BECOME EFFECTIVE** 🞏 **IMMEDIATELY OR** 🞏 **UPON INCAPACITY?** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO HUSBAND** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS WIFE’S FINANCIAL POWER OF ATTORNEY? (IF SAME AS HUSBAND, CHECK BOX)** 🞏 **SAME AS HUSBAND**  **SHOULD THIS FINANCIAL POWER OF ATTORNEY BECOME EFFECTIVE** 🞏 **IMMEDIATELY OR** 🞏 **UPON INCAPACITY?** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO WIFE** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS TRUSTEE FOR TRUSTS CREATED UNDER THE HUSBAND’S WILL? (NOTE: IT IS ADVISABLE TO NAME A FINANCIAL INSTITUTION AS A BACK-UP TRUSTEE IN CASE ALL INDIVIDUAL TRUSTEES PREDECEASE THE ESTABLISHMENT OR TERMINATION OF THE TRUST.)** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO HUSBAND** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
| **3.** |  | |  | | | | | | | | |  | | | | |  | |
| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS TRUSTEE FOR TRUSTS CREATED UNDER THE WIFE’S WILL? (NOTE: IT IS ADVISABLE TO NAME A FINANCIAL INSTITUTION AS A BACK-UP TRUSTEE IN CASE ALL INDIVIDUAL TRUSTEES PREDECEASE THE ESTABLISHMENT OF THE TRUST.)** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO WIFE** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
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| **4.** |  | |  | | | | | | | | |  | | | | |  | |
| **IF YOU HAVE MINOR CHILDREN, WHOM WOULD YOU LIKE TO NAME AS THEIR GUARDIANS IN THE EVENT THAT BOTH PARENTS PREDECEASE THE CHILDREN BEFORE THE CHILDREN ARE LEGAL ADULTS?** | | | | | | | | | | | | | | | | | | |
|  | **FULL LEGAL NAME** | | **ADDRESS** | | | | | | | | | **PHONE NUMBER** | | | | | **RELATION TO HUSBAND/WIFE** | |
| **1.** |  | |  | | | | | | | | |  | | | | |  | |
| **2.** |  | |  | | | | | | | | |  | | | | |  | |
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| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | |
| 🞏 DESCENDANTS’ TRUSTS? | | 🞏 MARITAL TRUST? | | | | 🞏 BYPASS TRUST? | | | | | 🞏 JOINT TENANCY DOCUMENT? | | | | | 🞏 DECLARATION OF GUARDIAN? | | |