

ESTATE PLANNING QUESTIONNAIRE

Please complete this form and return to the address listed above. For optimum accuracy, please type or print clearly. If necessary, please use additional sheets of paper to answer the questions. **PLEASE PROVIDE A COPY OF ANY PREVIOUS WILLS, TRUSTS, AND PREMARITAL AGREEMENTS (IF ANY) ESTABLISHED BY YOU OR FOR YOUR BENEFIT. PLEASE ALSO PROVIDE US WITH A COMPLETE PERSONAL FINANCIAL STATEMENT, IF AVAILABLE. FINALLY, PLEASE PROVIDE US WITH COPIES OF YOUR CURRENT DRIVER'S LICENSES.**

GENERAL CLIENT INFORMATION				
HUSBAND'S NAME (LAST)	FIRST	MIDDLE	SOCIAL SECURITY NO	BIRTH DATE
WIFE'S NAME (LAST)	FIRST	MIDDLE	SOCIAL SECURITY NO	BIRTH DATE
IS THE HUSBAND A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT IS THE COUNTRY OF CITIZENSHIP?		IS THE WIFE A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT IS THE COUNTRY OF CITIZENSHIP?		
CLIENT'S ADDRESS (INCLUDING CITY, STATE AND ZIP CODE)			COUNTRY OF RESIDENCE	
HOME TELEPHONE	HUSBAND'S CELL PHONE		WIFE'S CELL PHONE	
HUSBAND'S WORK PHONE	WIFE'S WORK PHONE	HUSBAND'S EMAIL ADDRESS	WIFE'S EMAIL ADDRESS	
DATE OF MARRIAGE	DO YOU AND YOUR SPOUSE HAVE A PREMARITAL AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide us with a copy			
NAME, ADDRESS AND PHONE NUMBER OF YOUR CPA (if any)				
NAME, ADDRESS AND PHONE NUMBER OF YOUR FINANCIAL ADVISOR (if any)				
WHO REFERRED YOU TO OUR OFFICE?		DO YOU WISH ANY OTHER PARTY TO RECEIVE COPIES OF YOUR DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO?		
I. PERSONAL AND FAMILY DATA				
A	DOES EITHER PARTY HAVE PREVIOUS MARRIAGE(S)? <input type="checkbox"/> YES <input type="checkbox"/> 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 FINAL.			
B	ARE THERE ANY CHILDREN (INCLUDING ADOPTED CHILDREN) FROM THIS CURRENT RELATIONSHIP, A PRIOR MARRIAGE, OR PRIOR RELATIONSHIP FOR EITHER PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST BELOW.			
FULL NAME	BIRTH DATE	MOTHER'S NAME	FATHER'S NAME	
HAVE ANY OF THE ABOVE CHILDREN PREDECEASED THEIR PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE INDICATE WHICH.)				
DO YOU WISH TO PROVIDE FOR CHILDREN BORN TO OR ADOPTED BY YOU IN THE FUTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOES EITHER HUSBAND OR WIFE HAVE ANY CHILDREN OR OTHER BENEFICIARIES WITH SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE INDICATE WHICH.)				

C 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.

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 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, CO-TRUSTEE, AND SOLE TRUSTEE OF THE 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? _____ SOLE TRUSTEE? _____ 2 YEAR CO-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 EVENLY TO ALL OTHER CONTINGENT BENEFICIARIES UNLESS YOU INDICATE OTHERWISE.

IF YOU HAVE CHILDREN, GRANDCHILDREN, ETC., THOSE BENEFICIARIES WILL BE PROVIDED FOR AS A DEFAULT UNDER YOUR ESTATE PLAN. YOUR CONTINGENT BENEFICAIRIES GENERALLY REFER TO SIBLINGS, NIECES AND NEPHEWS, CHARITIES, ETC.

	HUSBAND'S CONTINGENT BENEFICIARIES	RELATION TO HUSBAND		WIFE'S CONTINGENT BENEFICIARIES	RELATION TO WIFE
1.			1.		
2.			2.		
3.			3.		
4.			4.		

III. DESIGNATION OF EXECUTORS, REPRESENTATIVES, GUARDIANS, AND TRUSTEES

AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS EXECUTOR OF THE HUSBAND'S ESTATE?

(THE EXECUTOR IS THE PERSON OR INSTITUTION IN CHARGE OF CARRYING OUT THE TERMS OF YOUR WILL.)

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION TO HUSBAND
1.				
2.				
3.				
4.				

AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS EXECUTOR OF THE WIFE'S ESTATE? (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 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 THE HUSBAND'S MEDICAL POWER OF ATTORNEY?

	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

	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 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? (IF SAME AS HUSBAND, CHECK BOX) SAME AS HUSBAND

(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.				
3.				
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 OR WIFE
1.				
2.				
3.				
4.				

IV. APPOINTMENT FOR DISPOSITION OF REMAINS

DOES HUSBAND WISH TO BE BURIED CREMATED?

DOES WIFE WISH TO BE BURIED CREMATED?

YOUR AGENT TO CONTROL DISPOSITION OF REMAINS WILL HAVE THE AUTHORITY TO MAKE DECISIONS REGARDING YOUR FUNERAL/MEMORIAL SERVICE, BURIAL AND/OR CREMATION, ETC. PLEASE LIST AT LEAST TWO INDIVIDUALS TO SERVE AFTER YOUR SPOUSE AS SUCCESSOR AGENTS, IN THE ORDER OF YOUR PREFERENCE

AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS THE HUSBAND'S AGENT FOR DISPOSITION OF REMAINS?

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION TO HUSBAND
1.				
2.				
3.				
4.				

AFTER YOUR SPOUSE, WHO SHOULD BE NAMED AS THE WIFE'S AGENT FOR DISPOSITION OF REMAINS? (IF SAME AS HUSBAND, CHECK BOX) SAME AS HUSBAND

	FULL LEGAL NAME	ADDRESS	PHONE NUMBER	RELATION TO WIFE
1.				
2.				
3.				
4.				

ATTORNEY NOTES

FOR OFFICE USE ONLY

- | | | | | |
|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> BENEFICIARIES' TRUSTS | <input type="checkbox"/> MARITAL TRUST | <input type="checkbox"/> BYPASS TRUST | <input type="checkbox"/> ONE-LUNG TRUST | <input type="checkbox"/> REVOCABLE TRUST |
| <input type="checkbox"/> TRANSFER ON DEATH DEED | | | <input type="checkbox"/> DECLARATION OF GUARDIAN FOR MINORS | |

REVOCABLE TRUST NAME:

Revised 8.2024