

The Law Office of
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CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

Please use N/A to indicate not applicable. If you need more room, note "see back" on the question and fill in extra information on the back of that page of the questionnaire.

GENERAL INFORMATION

CLIENT 1

Full name: _____

Any other name(s) used: _____

Date of Birth: ____ - ____ - ____ **Place of Birth:** _____

Social Security Number: ____ - ____ - ____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

CLIENT 2 [SPOUSE OF CLIENT 1]

Full name: _____

Any other name(s) used: _____

Date of Birth: ____ - ____ - ____ **Place of Birth:** _____

Social Security Number: ____ - ____ - ____

Are you a United States citizen? Yes No

If no, country of citizenship: _____

Date and Place of Current Marriage: _____

Location of Marriage Certificate: _____

ADDRESS AND TELEPHONE INFORMATION:

Home telephone number: _____ **Business telephone number:** _____

Client 1: _____

Client 2: _____

Permanent residence: _____

CLIENT 1:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CLIENT 2:

Name of Former Spouse: _____

Date and Place of Prior Marriage: _____

If marriage ended by divorce, list date and location of judgment papers:

If marriage ended by death, list date and location of death certificate:

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

If the child is not living with you, the child's address.

If the child is married, list the name of the child's spouse and the names of their children, if any.

If you have children from a prior marriage, indicate with whom the child resides if not with you.

If any of your children are adopted, list the date of adoption and the location of documents.

If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.

Children of Existing Marriage:

1. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

2. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

3. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____
Other information requested above (if any): _____

4. Full name: _____
Address: _____
Date of birth: _____
Gender: Male Female
Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

Children of Prior Marriage(s):

Client 1:

1. Full name: _____
Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____
Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____
Name(s) of children (if any): _____

Other information requested above (if any): _____

Client 2:

1. Full name: _____
Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

2. Full name: _____

Address: _____

Date of birth: _____

Gender: Male Female

Name of spouse (if any): _____

Name(s) of children (if any): _____

Other information requested above (if any): _____

DECEASED CHILDREN

Client 1:

Child's Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue (children) of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Client 2:

Child's Full Name: _____

Date of death: _____

Spouse's Name: _____

Address: _____

Any living issue of this child? Yes No

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

Name of grandchild: _____ Date of birth: _____

PEOPLE RAISED BY CLIENT(S)

Are there people that you and/or your spouse raised as children who are not legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name: _____
Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child?

Yes No

2. Full name: _____

Address: _____

Gender: Male Female

Date of birth: _____

Legal relationship: _____

For purposes of your Will and/or Trust, do you wish this person to be considered your child?

Yes No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (i.e., parents, siblings). If any are dependent upon you for support, please specify.

If you have friends that you consider as close as family members, include them here.

Client 1:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

Client 2:

1. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

2. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

3. Name and address: _____

Relationship: _____

Date of birth: _____

Other information: _____

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed. If the document does not apply to you, put "n/a" next to it.

ESTATE PLANNING DOCUMENTS

Document	Location
WILL	

Yes No _____
If yes, please provide me with a copy.

TRUST	
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Yes No _____
If yes, please provide me with a copy.

DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT	
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Yes No _____
If yes, please provide me with a copy.

POWER OF ATTORNEY FOR HEALTH CARE (ADVANCE DIRECTIVE), DIRECTIVE TO PHYSICIAN and/or LIVING WILL	
--	--

Yes No _____
If yes, please provide me with a copy.

If any powers of attorney have been granted by you to another:

Date: _____

Holder of power: _____

State where executed: _____

Special powers granted or withheld: _____

Location of original(s): _____

Number of originals executed: _____

OTHER DEATH-RELATED DOCUMENTS

Document	Location
FUNERAL AND BURIAL ARRANGEMENTS	_____

CEMETERY PLOT and DEED TO PLOT	_____
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ORGAN DONATION DIRECTIONS	_____
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PERSONAL DOCUMENTS

Document **Location**
BIRTH CERTIFICATE _____
MARRIAGE CERTIFICATE _____

DIVORCE DECREE _____

PREMARITAL AGREEMENTS
(Please provide me with copies) _____

COMMUNITY PROPERTY
AGREEMENT(S) (please provide me
with copies) _____

MARITAL PROPERTY
AGREEMENT(S) (please provide me
with copies) _____

NATURALIZATION OR
CITIZENSHIP DOCUMENTS _____

PASSPORT _____

YOUR CHILDREN'S BIRTH
CERTIFICATES _____

YOUR CHILDREN'S ADOPTION
PAPERS _____

MILITARY SERVICE RECORDS
(DISCHARGE PAPERS) _____

EMPLOYMENT RECORDS _____

TAX RETURNS

Location
COPIES OF INCOME TAX
RETURNS _____

COPIES OF GIFT TAX RETURNS _____

ASSET AND LIABILITY RELATED DOCUMENTS

Location
BROKERAGE STATEMENTS _____

STOCK CERTIFICATES AND BONDS
(Not held in a brokerage acct) _____

DEED TO RESIDENCE and/or
VACATION HOME _____

LEASE TO RESIDENCE _____

CREDIT CARD INFORMATION

LIST (issuers and account numbers) _____

INSURANCE POLICIES

Location

LIFE INSURANCE POLICIES _____

PROPERTY INSURANCE POLICIES _____

DISABILITY INSURANCE POLICY _____

DISTRIBUTION OF YOUR ESTATE

EXECUTORS:

Your Executor will be responsible to carry out your wishes as instructed in your Will following your death. In order of preference, please list the full names, relationships and address of your Executors:

Your spouse first: Yes No

1. Name: _____
Relationship: _____
Address: _____

2. Name: _____
Relationship: _____
Address: _____

3. Name: _____
Relationship: _____
Address: _____

Do you wish any of the above named individuals to serve jointly (together) with any of the other choices?

Yes No

If yes, whom: _____

TRUSTEES:

Your Successor Trustee will be responsible to carry out your wishes as instructed in your trust following your death. Anyone named to serve as a Successor Trustee in your documents must currently be at least 18 years of age. If you are not a citizen of the US, the Successor Trustee must be a US citizen. In order of preference, please list the full names, relationships and address of your Trustees:

Same as above: Yes No

1. Name: _____
 Relationship: _____
 Address: _____

2. Name: _____
 Relationship: _____
 Address: _____

3. Name: _____
 Relationship: _____
 Address: _____

Do you wish any of the above named individuals to serve jointly (together) with any of the other choices?
 Yes No
If yes, whom: _____

GUARDIANS OF MINOR CHILDREN:

The person named Guardian will be responsible to take care of your minor children should both you and your spouse die. In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: _____
 Relationship: _____
 Address: _____

2. Name: _____
 Relationship: _____
 Address: _____

3. Name: _____
 Relationship: _____
 Address: _____

ATTORNEY-IN-FACT FOR HUSBAND

This information is used to create a Financial Durable Power of Attorney for Asset Management. The Attorney-in-fact will have the power to make financial decisions for assets not included in your trust if you are unable to do so personally. This power may include the power to act in the management and disposition of all your personal estate, affairs, property.

If the HUSBAND should ever become incapacitated, whom do you wish to serve as his Attorney in fact?

- (a) Is the WIFE your first Choice? () Yes () No.
- (b) Second Choice (first, middle, last) _____
Address _____

- (c) Third Choice (First, middle, last) _____
Address _____

ATTORNEY-IN-FACT FOR WIFE

This information is used to create a Financial Durable Power of Attorney for Asset Management. The Attorney-in-fact will have the power to make financial decisions for assets not included in your trust if you are unable to do so personally. This power may include the power to act in the management and disposition of all your personal estate, affairs, property.

If the WIFE should ever become incapacitated, whom do you wish to serve as her Attorney in fact?

- (a) Is the HUSBAND your first Choice? () Yes () No.
- (b) Second Choice (first, middle, last) _____
Address _____

- (c) Third Choice (First, middle, last) _____
Address _____

DURABLE POWER OF ATTORNEY, HEALTH CARE

The Conservator under the terms of the Health Care Durable Power of Attorney will have to make health care decisions for you if you are unable to do so personally. This power may include the consent, refusal, or withdrawal of any care, treatment, service or procedure to maintain, diagnose, or treat a physical or mental condition. In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

FOR HUSBAND

FOR WIFE

Same as Executors: [] Yes [] No
If no, Spouse First: [] Yes [] No

Same as Executors: [] Yes [] No
If no, Spouse First: [] Yes [] No

- 1. Name: _____
Relationship: _____
Address: _____

- 2. Name: _____
Relationship: _____
Address: _____

- 3. Name: _____
Relationship: _____
Address: _____

- 1. Name: _____
Relationship: _____
Address: _____

- 2. Name: _____
Relationship: _____
Address: _____

- 3. Name: _____
Relationship: _____
Address: _____

HEALTH/SPECIAL NEEDS

Do either you or your spouse have health concerns? Yes No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan? Yes No

If yes, please explain: _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people?
 Yes No

If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____
Relationship: _____
Address: _____

Explanation: _____

2. Name: _____
Relationship: _____
Address: _____

Explanation: _____

DISTRIBUTION OF PROPERTY ON DEATH

Specific and Cash Bequests

Upon the death of both spouses do you want to give a specific asset or cash gift to any individual, institution or charity before distribution to other named beneficiaries? If yes, list specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual’s issue (blood line), to someone else, or if the gift will lapse (terminate) and become a part of the residue of your estate (what=s left in your estate after all the specific gifts have been made), as in the following examples:

To avoid unnecessary amendments to your documents, distribution of most specific personal items such as furniture, jewelry, art, coin collections, etc. are not mentioned in the trust. Only a general reference as to who is to receive the property and their approximate percentage is outlined. Detailed instructions for distributing specific personal property is handled using a separate document called a Personal Letter of Direction or individual Personal Property Directives or through “tagging” the items. (Instructions on how to prepare these documents is provided with your completed estate plan documents.)

- 1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, then to his issue by right of representation.
- 2) Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.
- 3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.
- 4) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

KEY ADVISORS

Lawyer (other than Brian P. Simpson):

Name and address: _____

Telephone number: () _____ Fax number: () _____

Accountant:

Name and address: _____

Telephone number: () _____ Fax number: () _____

Stockbrokers/Investment Advisors:

Name and address: _____

Institution: _____

Telephone number: () _____ Fax number: () _____
E-mail address: _____

Name and address: _____

Institution: _____

Telephone number: () _____ Fax number: () _____
E-mail address: _____

Insurance Agents:

Name and address: _____

Company: _____

Telephone number: () _____ Fax number: () _____
E-mail address: _____

Type of insurance coverage: _____

Name and address: _____

Company: _____

Telephone number: () _____ Fax number: () _____
E-mail address: _____

Type of insurance coverage: _____

Trust Officer (Primary Banker):

Name and address of institution: _____

Name of contact person: _____

Telephone number: () _____ Fax number: () _____

E-mail address: _____

Account number: _____

Pension Plan Administrator:

Name and address of plan: _____

Name of contact person: _____

Telephone number: () _____ Fax Number () _____

E-mail address: _____

Account number(s): _____

Doctor:

Name and address: _____

Telephone number: () _____

SAFETY DEPOSIT BOXES

1. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

2. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

3. Name and address of bank: _____

Full name(s) of person(s) entitled to access: _____

PLEASE USE THE REMAINING SPACE AND/OR THE REVERSE FOR ANY OTHER CONCERNS OR QUESTIONS.