

ESTATE PLANNING QUESTIONNAIRE - ESTES LAW OFFICE, P.L.L.C.

The information provided is strictly confidential and is to be used only in connection with legal services that may be provided for you.

DATE: _____

1. Name (full name): _____
S.S. No. _____
Other names in which property may be registered: _____
Single _____ Married _____ Widowed _____ (Please check)

2. Spouse's Name: _____
S.S. No. _____
If deceased, spouse's date of death: _____
Other names in which property may be registered: _____

3. Mailing Address: _____

County: _____
Home: _____ Business: _____
Fax: _____ Mobile: _____
Email: _____

4. Are you a US citizen? Yes _____/No _____ (Please check)

5. Have you ever made any gifts in excess of \$14,000 per year to anyone?
Yes _____/No _____ (Please check)

6. Have you ever filed a Form 709 (gift tax return) with the IRS?
Yes _____/No _____ (Please check)

7. Do you own an interest in a business? Yes _____/No _____ (Please check). If so, is it an S corporation (or is it taxed as an S corporation)?
Yes _____/No _____ (Please check).

8. Are you a beneficiary of an existing trust? Yes _____/No _____ (Please check). If yes, please bring a copy of the trust document that names you as a beneficiary so we can determine if you have a "general power of appointment" over the trust assets.

9. Do you and your spouse have a Pre-Nuptial or Post-Marital Agreement which identifies and disposes of your property? Yes _____/No _____ (Please check) (If yes, please provide a copy)

10. Children: (Full name and date of birth):

_____	_____
_____	_____
_____	_____
_____	_____

11. Do you plan on disinherit any children? Yes _____/No _____ (Please check) If so, why?

12. Any deceased children? Yes _____/No _____ (Please check) (If yes, list names / date of death):

_____	_____
_____	_____

13. Any disabled children/beneficiaries? Yes _____/No _____ (Please check) If "yes", you may need a testamentary "special needs trust".

14. Children by prior marriages/previous relationships? Yes _____/No _____ (Please check)

15. If yes, please list name of child and their birth parent(s):

16. Are any children adopted? Yes _____/No _____ (Please check) If so, which children are adopted? Please list date of adoption.

17. Do you care for any children in your home that are not your birth children?
Yes _____/No _____ (Please check)

INFORMATION FOR LAST WILL AND TESTAMENT

18. If any of your children are minors, whom do you want to designate as guardian of your children?

Guardian: _____

1st Alternate Guardian: _____

2nd Alternate Guardian: _____

19. Do you want to set up a trust for a beneficiary of your Estate (such as a trust for a minor child)? Yes _____/No _____ (Please check)

If yes, single trust or separate trusts? Single _____ Separate _____ (please check)

Trust should terminate when beneficiary reaches age _____ (e.g., age 25).

20. Name of Trustee (if testamentary Trust is necessary):

Trustee: _____

1st Alternate Trustee: _____

2nd Alternate Trustee: _____

21. Is the total combined value of your estate and your spouse's estate less than \$5,340,000.00? Yes _____/No _____ (Please check)

22. To whom do you want your estate distributed upon your death?

Primary Beneficiary (i.e. Spouse): _____

Contingent Beneficiary (i.e. Children, in equal shares): _____

If Contingent Beneficiary dies, who will inherit their share? (i.e. their descendants): _____

Other Distribution:

23. If you want to leave any part of your estate to your descendants (such as children or grandchildren), would that include descendants who are adopted into your line of descent? Yes _____/No _____ (Please check)

24. Do you own any burial/cemetery plots Yes _____/No _____ (Please check)

25. Do you want to make any specific bequests? Yes _____/No _____ (Please check) If yes, please describe.

26. Name of Executor (relationship): _____

1st Alternate Executor (relationship): _____

2nd Alternate Executor (relationship): _____

3rd Alternate Executor (relationship): _____

27. Do you want Executor to receive compensation for his services? Yes _____/No _____ (Please check)

28. Do you want Trustee to receive compensation for his services? Yes _____/No _____ (Please check)

INFORMATION FOR DISABILITY DOCUMENTS (INCLUDED WITH WILL)

29. **Durable General Power of Attorney (Financial Power of Attorney):** a document that appoints an Agent to take care of your financial matters if you are incapacitated.

Primary Agent (list name, address, relationship and phone number)

1st Alternate Agent (list address, relationship and phone number)

2nd Alternate Agent (list address, relationship and phone number)

3rd Alternate Agent (list address, relationship and phone number)

30. **Medical Power of Attorney:** a document that appoints an Agent to make health care decisions for you if you are incapacitated.

Primary Agent (list name, address, relationship and phone number)

1st Alternate Agent (list address, relationship and phone number)

2nd Alternate Agent (list address, relationship and phone number)

3rd Alternate Agent (list address, relationship and phone number)

31. **Directive to Physicians (Living Will):** a document that states whether or not you wish to receive life support if you suffer from (1) a terminal condition and death is imminent, or (2) if you have an irreversible condition which may never be treated or cured.

32. **Declaration of Guardian:** this document allows you to name who you want to serve as your Guardian if a guardianship is ever necessary.

Primary Agent (list name, address, relationship and phone number)

1st Alternate Agent (list address, relationship and phone number)

2nd Alternate Agent (list address, relationship and phone number)

3rd Alternate Agent (list address, relationship and phone number)

Is there anyone whom you do NOT want to serve as Guardian of your Person or your Estate?
Yes _____/No _____ (Please check)

If YES, who do you want to disqualify? _____.

33. **HIPAA Authorization form:** an authorization form for hospital which allows the hospital to release medical information to the individuals that are named if they were to call the hospital and you were incapacitated.

Please list name, address, phone number and relationship of individuals you wish to be included in the HIPAA Authorization form:

34. Do you have special instructions with regard to the disposition of your remains (i.e. I want to be cremated)?

Yes _____/No _____ (Please check)

If so, who do you want to serve as your Agent with respect to the disposition of your remains? _____

First Alternate Agent _____

Second Alternate Agent _____

Please indicate special instructions for the disposition of your remains: _____

LIST OF ADVISORS

35. Please list the name and phone number of your CPA/Accountant:

Do you need a referral for a CPA? _____ Yes _____ No

36. Please list the name and phone number of your life insurance agent:

Do you need a referral for a life insurance agent? _____ Yes _____ No

37. Please list the name and phone number of your financial advisor/consultant:

Do you need a referral for a financial advisor? _____ Yes _____ No

[PLEASE SUBMIT GENERAL LIST OF ASSETS TO ATTORNEY]