



ESTATE PLANNING QUESTIONNAIRE

The purpose of this questionnaire is:

1. To help you organize personal and financial information so that you can assess your current estate plans and evaluate whether changes are desired or required.
2. To provide Ms. Apol with the information needed to make a similar analysis.

The information you provide must be as accurate as possible. If you are uncertain about exact information, tell Ms. Apol and give your best assessment. The more complete your information is, the better it will enable Ms. Apol to most effectively advise you throughout the planning process.

Your responses are protected by attorney/client privilege and will be held in strict confidence.

Name:

Last

First

Middle

Maiden

Does your name appear differently from above on existing legal documents?

Yes

No

Date: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Office Phone: _____

County: _____

Citizenship: _____

Email: _____

GENERAL QUESTIONS:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have a Will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is any person (other than a minor child) partially or wholly dependent on you for support now or possibly in the future? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Describe any special family needs: (e.g., disabled child or adults): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you own any property, real or personal, that is located in a state other than where you presently reside? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you plan to relocate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you plan to disinherit any children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PRIOR MARRIAGES:

Have you been married before? Yes No

Name(s) of Former Spouse(s): _____

Dates of Death or Divorce (circle one): _____

Location of Probate or Divorce Court: _____

Did you sign a Marital or Property Settlement Agreement with a former spouse? Yes No

Please bring a copy.

DIVORCE OBLIGATIONS:

	Owed by you:	Owed by former spouse:
Child Support:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____
Life Insurance:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

CHILDREN:

Do you have any children?

 Yes

 No

<i>Child's Name:</i>		<i>Birth Date:</i>	
<i>From your marriage with:</i>		<i>Phone number:</i>	
<i>Address:</i>		<i>Child's spouse:</i>	
		<i>Adopted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Developmentally Disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Child's Name:</i>		<i>Birth Date:</i>	
<i>From your marriage with:</i>		<i>Phone number:</i>	
<i>Address:</i>		<i>Child's spouse:</i>	
		<i>Adopted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Developmentally Disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Child's Name:</i>		<i>Birth Date:</i>	
<i>From your marriage with:</i>		<i>Phone number:</i>	
<i>Address:</i>		<i>Child's spouse:</i>	
		<i>Adopted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Developmentally Disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Child's Name:</i>		<i>Birth Date:</i>	
<i>From your marriage with:</i>		<i>Phone number:</i>	
<i>Address:</i>		<i>Child's spouse:</i>	
		<i>Adopted?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Developmentally Disabled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCES:

Approximate gross annual income: _____

Approximate combined value of assets, including face value of all life insurance policies: _____

Is any inheritance likely to be received by you or any of your children in the future? Yes No

If yes, please describe: _____

WORK:

Occupation/Position: _____

Employer's Name: _____

TRUSTS FOR YOUR BENEFIT:

Created By:	Year Created:	Trustee:	Beneficiary:	Value of Trust:

TRUSTS CREATED BY YOU:

Created By:	Year Created:	Trustee:	Beneficiary:	Value of Trust:

OUTRIGHT GIFTS OF MORE THAN \$3,000.00 (MADE PRIOR TO JANUARY 1, 1982);

OUTRIGHT GIFTS OF MORE THAN \$10,000.00 (MADE AFTER DECEMBER 21, 1981);

Date of Gift:	By Whom:	To Whom:	Value of Gift:	Purpose:

POWERS OF APPOINTMENT HELD BY YOU:

Under Will or Trust created by:	Year created:	Nature of Power:	Value of Fund:

SIGNATURE _____ DATE ____ / ____ / ____

FIDUCIARIES

In the course of your estate planning, you will be required to select fiduciaries, which are individuals or entities entrusted to act on your behalf in some capacity, such as to administer assets of your estate upon your death, to administer trust assets on behalf of beneficiaries, to make health decisions for you if you are unable to make those decisions yourself, or to take care of your minor children in the event that you are unable to do so.

When choosing a fiduciary, please note that it is often appropriate for a surviving spouse to act in such capacity and that you can name more than one person to act as a fiduciary. If you are having trouble choosing fiduciaries, feel free to skip over this section. We will review each fiduciary position in detail when we meet to discuss your estate planning.

PERSONAL REPRESENTATIVE:

Often called an "executor," a personal representative has broad powers to administer and distribute your property after your death. Please list their names and City/State.

Personal
Representative:

Relationship to you: _____ City/State: _____

Successor Personal
Representative:

Relationship to you: _____ City/State: _____

TRUSTEE:

A trustee is a person or entity who administers and distributes property held in a trust. A trust may be established under your will for a variety of purposes such as for tax purposes or for the purpose of administering property that would otherwise pass outright to minor children.

Primary Trustee

Name: _____ Relationship: _____

Address: _____ City/State: _____

Alternate

Trustee Name: _____ Relationship: _____

Address: _____ City/State: _____

GUARDIAN OF THE PERSON:

The person(s) you designate in your Will to have physical custody and the responsibility for raising your children.

Guardian of the Minor Child's Property is the person you designate in your Will for managing the *property* titled in the name of your minor children. Often a Trustee will manage the assets inherited by a minor child. When the Trustee makes a distribution from a trust for a minor child, such distribution will be delivered to the Guardian of the Minor Child's Property.

It is quite common for the Guardian of the Person and Guardian of the Minor Child's Property to be the same person. Further, in many cases, the Trustee of the trust for a minor is *also* the same person as the Guardian. You will discuss your designation of these Fiduciaries during your initial meeting.

Guardian:	City/State:	Relationship:	If a couple has been named must they both serve, or may either one serve alone?

FINANCIAL POWER OF ATTORNEY:

A person authorized to make financial decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for yourself while you have capacity or to make those decisions for you in the event that you are incapacitated.

Agent Name: _____

Address: _____ City/State: _____

Relationship to you: _____ Phone: _____

Successor Agent Name: _____

Address: _____ City/State: _____

Relationship to you: _____ Phone: _____

HEALTH CARE AGENT:

An agent with medical power of attorney is a person authorized to make medical and healthcare decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for you in the event that you are incapacitated.

Agent Name: _____

Address: _____ City/State: _____

Relationship to you: _____ Phone: _____

Successor Agent
Name: _____

Address: _____ City/State: _____

Relationship to you: _____ Phone: _____

ADVANCE MEDICAL DIRECTIVE:

The Advance Medical Directive should reflect your beliefs with regard to medical decisions. How would you alter the following language to more accurately reflect your beliefs?

I value life and hope to live as long as I can. However, if there is no reasonable expectation of my recovery from physical or mental disability due to an injury, disease, or illness which leaves me in a certified terminal or end-stage condition or a persistent vegetative state, I request that I be allowed to die naturally and not be kept alive by artificial means or heroic measures.

In addition, in that situation, I hereby specifically authorize the withholding or withdrawal of food and hydration if my Agent deems such actions appropriate.

Do you wish to be an organ donor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the time of your death, your preference would be:	<input type="checkbox"/> Buried	<input type="checkbox"/> Cremated
<i>Have you informed anyone of this decision?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No