

Estate Planning Questionnaire

The information you provide must be as accurate as possible as it will be used to draft your Trust documents. If you are uncertain about exact information, please give us your best assessment. If we need a more detailed explanation, we will ask you. Your information will be kept confidential unless you authorize or request its release to others.

Please state your name as you would like it to appear in your trust documents.

Your Full Legal Name: _____ (i.e. John Henry Doe, Jr.)

Other names you go by (a.k.a): _____ (i.e. Johnny Doe, Henry Doe, etc.)

Your Spouse's Full Legal Name: _____

Other names Spouse goes by (a.k.a.): _____

Phone Number(s): _____ Email Address: _____

Physical Address: _____

Mailing Address (if different): _____

How did you hear about us? _____

PERSONAL AND FAMILY INFORMATION:

1. Are you (please check one): Married Divorced Widowed Single
2. If you are Widowed or Divorced, please list your spouse's or ex-spouse's full legal name: _____
3. If you have children, please list their full legal names and birthdates below. Also indicate date and place of adoption of any adopted children. If a child has passed away, list their date of death as well.

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

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Natural Adopted Estranged Stepchild to: _____

Child: _____ DOB: _____

Natural Adopted Estranged Stepchild to: _____

If more room is needed for children, please continue on the back.

SUCCESSOR TRUSTEES AND BENEFICIARIES:

You will need to choose people to help you if you become incapacitated and to manage the estate when you pass.

1. Please list who you would like to do the following:

- Help manage my money while I'm still living, but unable to do it myself:

- Help me make medical decisions when I cannot do so myself:

- Manage my estate after I pass:

We will discuss back-up/substitutes for the above people. Please write your thoughts here so we can discuss who your back-ups might be: _____

2. A beneficiary is any person or organization that receives assets from a person after that person's death. Who would you like to be the beneficiary or beneficiaries to your estate?

Name

Shares/Percentage

(1) _____

(2) _____

(3) _____

(4) _____

3. If any of the beneficiaries are minors, how old do you want them to be when they receive their share (minimum age is 18)? _____

4. A Guardianship or Guardian is a person who is legally responsible for someone who is not yet 18 years old. If you need a Guardian for your young children, who do you want to nominate? _____

5. A lineal descendant is a blood relative in the direct line of descent – the children, grandchildren, great-grandchildren, etc. of a person. Would you like your assets to go to the lineal descendants of your beneficiaries should that beneficiary pass away first? Yes No

ASSETS:

Please check if you have any of the following assets. We will discuss values and details when we meet.

- House
- Rental Property
- Life Insurance Policy
- Checking Account(s)
- Money Market Account(s)
- IRA/401(k)
- Commercial Property
- Vacant Lot
- Investment Accounts (stocks, mutual funds, etc.)
- Savings Accounts
- CD
- Pension
- Timeshare Property

PROPERTY:

Please list any real (deeded) property you own. If you have a copy of your deed(s), please bring it to your appointment. If you cannot locate it, we can pull it from the county for you.

(1) Property Address: _____

APN: _____ Primary Residence Mobile Land Business

(2) Property Address: _____

APN: _____ Primary Residence Mobile Land Business

(3) Property Address: _____

APN: _____ Primary Residence Mobile Land Business