

**ESTATE PLANNING QUESTIONNAIRE
(MARRIED)**

Thank you for considering Estate Planning & Elder Law Services, P.C. to assist you with the preparation of your estate planning documents. To maximize the effectiveness and efficiency of our first meeting together, we ask that you provide as much of the information sought in this form as possible. Your accuracy and completeness in responding will help us to best represent you in this matter. Please bring this information with you to our initial appointment.

A. PERSONAL DATA

Residence Information

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Other states in which you have resided: _____

Husband's Information

Wife's Information

Full Name: _____ Full Name: _____

Birth Date: _____ Birth Date: _____

Social Security No.: _____ Social Security No.: _____

U.S. Citizen? ___ Yes ___ No U.S. Citizen? ___ Yes ___ No

Home Phone: _____ Home Fax: _____

Home E-mail: _____ Home E-mail: _____

Work Phone: _____ Work Phone: _____

Work E-mail: _____ Work E-mail: _____

Work Fax: _____ Work Fax: _____

Cell Phone: _____ Cell Phone: _____

Communicating with you: Check the box above for your preferred mode of communication.

B. HOW DID YOU HEAR ABOUT US?

Seminar/Community Ed. _____ (location) Postcard

Referred by: _____ Yellow pages
 Search Engine: Google MSN Yahoo! Other _____

Have you visited our website www.formyplan.com? ___ Yes ___ No Please provide any suggestions. _____

C. CHILDREN & MARRIAGE(S) (include adopted children)

Child's Name	Date of Birth	From Previous Marriage (Husband)	From Previous Marriage (Wife)	# of Children (i.e., your grandchildren)

Date of Present Marriage: ____/____/____

Have either of you ever been married before? ___ Yes ___ No

If “yes” to the previous question, are you divorced from your former spouse(s), or is/are your former spouse(s) deceased? **Provide name(s) of former spouse(s) and date(s) of divorce(s) or death(s):**

Does the Husband have any children from a previous marriage? ___ Yes ___ No
(If yes, include name(s) above, and check the “From Previous Marriage” box)

Does the Wife have any children from a previous marriage? ___ Yes ___ No
(If yes, include name(s) above, and check the “From Previous Marriage” box)

ATTACH COPY OR COPIES OF DIVORCE JUDGMENT(S)

Are all of your children in good health? Yes No
(If no, please describe the issue(s) and for which child(ren) such issue(s) apply)

Are any of your children blind? Yes No
(If yes, which child(ren)?) _____

Are any of your children disabled? Yes No
(If yes, please describe the disability and the child(ren) effected by such disability)

Are any of your children receiving SSI or other government benefits? Yes No
(If yes, please list the benefits and child(ren) receiving them)

Are any of your children deceased? Yes No
(If yes, please list the name(s) of the deceased child(ren) and the name(s) of their living child(ren), if any)

Have all of your children completed their educations? Yes No

Do any of your family members have any problems with:

Substance Abuse Money Management Other Problem

Please describe the nature of the problem(s). **(optional)**

D. EXTENDED FAMILY

Husband's Parents

	<u>Name</u>	<u>Age</u>	<u>Date of Death</u>
Father:	_____	_____	_____
Mother:	_____	_____	_____

Wife's Parents

	<u>Name</u>	<u>Age</u>	<u>Date of Death</u>
Father:	_____	_____	_____
Mother:	_____	_____	_____

Husband's Siblings (attach separate sheet if more than 2 siblings)

<u>Name</u>	<u>Age</u>	<u>Date of Death</u>	<u># of Children</u>
_____	_____	_____	_____
_____	_____	_____	_____

Wife's Siblings (attach separate sheet if more than 2 siblings)

<u>Name</u>	<u>Age</u>	<u>Date of Death</u>	<u># of Children</u>
_____	_____	_____	_____
_____	_____	_____	_____

E. MEDICAL HISTORY

1. **Medical Conditions** Have you been diagnosed with any of the conditions below?

<u>Condition</u>	Husband	Wife
<i>Dementia</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Alzheimer's</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Parkinson's</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cancer</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Stroke</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Heart Attack</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Heart Issues</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>ALS</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Described the Overall Condition of Each Spouse

F. MILITARY SERVICE HISTORY

Husband's Information

Wife's Information

Veteran ___ Yes ___ No

Veteran? ___ Yes ___ No

Period of Service _____ - _____

Period of Service _____ - _____

Wartime Service ___ Yes ___ No

Wartime Service ___ Yes ___ No

Service Disability ___ Yes ___ No

Service Disability ___ Yes ___ No

G. FINANCIAL SUMMARY (Provide statements, titles, deeds, etc. for assets marked *)

1. Income

Husband's Employer: _____ Annual Income: \$ _____

Wife's Employer: _____ Annual Income: \$ _____

2. Assets

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Checking Accounts *	\$ _____	\$ _____	\$ _____
Savings Accounts *	\$ _____	\$ _____	\$ _____
Real Estate (residence) *	\$ _____	\$ _____	\$ _____
Real Estate (other) *	\$ _____	\$ _____	\$ _____
Real Estate (other) *	\$ _____	\$ _____	\$ _____
Certificates of Deposit *	\$ _____	\$ _____	\$ _____
Money Market Accounts *	\$ _____	\$ _____	\$ _____
Stocks - (Not Held by Broker)	\$ _____	\$ _____	\$ _____
Stocks - (Held by Broker) *	\$ _____	\$ _____	\$ _____
Bonds - (Not Held by Broker)	\$ _____	\$ _____	\$ _____

Bonds - (Held by Broker) *	\$ _____	\$ _____	\$ _____
Mutual Funds *	\$ _____	\$ _____	\$ _____
Notes and Mortgages Receivable *	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Expected Inheritances	\$ _____	\$ _____	\$ _____
Automobiles *	\$ _____	\$ _____	\$ _____
Jewelry & Collections	\$ _____	\$ _____	\$ _____
Non-IRA Qualified Retirement Plans *	\$ _____	\$ _____	\$ _____
IRAs *	\$ _____	\$ _____	\$ _____
Life Insurance *	\$ _____	\$ _____	\$ _____
Annuities *	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

3. Liabilities

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Notes Payable on Real Estate (i.e., mortgages)	\$ _____	\$ _____	\$ _____
Other Loans Payable (e.g., home equity, etc.)	\$ _____	\$ _____	\$ _____
Credit Card Debt [only if substantial, and not paid regularly]	\$ _____	\$ _____	\$ _____
Other Miscellaneous Debt [only if substantial]	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

H. GENERAL ESTATE PLANNING GOALS

Following are a list of general estate planning goals. Please circle the numbers that best indicate the

relative importance of each goal. **(1 = Not Important; 10 = Very Important)**

1. Avoid the probate court.

1 2 3 4 5 6 7 8 9 10

2. Minimize or eliminate taxes (i.e. - gift, capital gains, estate, etc).

1 2 3 4 5 6 7 8 9 10

3. Control your assets and affairs during any period(s) of disability.

1 2 3 4 5 6 7 8 9 10

4. Provide for management and distribution of your assets at and/or beyond your death.

1 2 3 4 5 6 7 8 9 10

5. Provide resources and the management of them for minor or disabled child(ren).

1 2 3 4 5 6 7 8 9 10

6. Provide resources and the management of them for children from previous marriages.

1 2 3 4 5 6 7 8 9 10

7. Protect your assets from either current or anticipated long-term care costs.

1 2 3 4 5 6 7 8 9 10

8. Preserve an inheritance for my children from a previous marriage.

1 2 3 4 5 6 7 8 9 10

I. FINANCIAL DECISION MAKERS

Please choose your Financial Decision Maker(s). This is/are the person(s) who will handle your financial affairs on your behalf during any period(s) that you cannot act for yourself (e.g., incapacity and death).

Husband

First Choice: ___ Spouse ___ Other: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

Third Choice: _____ Date of Birth: _____

Wife

First Choice: ___ Spouse ___ Other: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

Third Choice: _____ Date of Birth: _____

J. MEDICAL DECISION MAKERS

Please choose your Medical Decision Maker(s). This is/are the person(s) who will handle your medical and mental health affairs on your behalf during any period(s) that you cannot act for yourself (e.g., incapacity and death).

Husband

First Choice: ___ Spouse ___ Other: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

Third Choice: _____ Date of Birth: _____

Please indicate which **one** of the following statements reflect your preference:

- I want my life prolonged to the greatest extent possible without regard to my-condition, the chances I have for recovery, or the cost of the procedures; **or**
- I want my life prolonged and I want life-sustaining treatment to be provided or continued **unless** I am in a coma or persistent vegetative state that my physician(s) believes to be irreversible in accordance with reasonable medical standards at that time, under which circumstances I want all life-sustaining treatment to be withheld or discontinued.

Do you have any objection to receiving blood transfusions? ___ Yes ___ No

Do you have any objection to being resuscitated? ___ Yes ___ No

Do you want to donate your organs? ___ Yes ___ No If so, describe the extent of your wishes:

___ All organs ___ Specific organ(s): _____

___ As determined by my Medical Decision Maker ___ Not for anatomical study

Wife

First Choice: ___ Spouse ___ Other: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

Third Choice: _____ Date of Birth: _____

Please indicate which **one** of the following statements reflect your preference:

- I want my life prolonged to the greatest extent possible without regard to my-condition, the chances I have for recovery, or the cost of the procedures; **or**
- I want my life prolonged and I want life-sustaining treatment to be provided or continued **unless** I am in a coma or persistent vegetative state that my physician(s) believes to be irreversible in accordance with reasonable medical standards at that time, under which circumstances I want all life-sustaining treatment to be withheld or discontinued.

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Do you have any objection to being resuscitated? ___ Yes ___ No

Do you want to donate your organs? ___ Yes ___ No If so, describe the extent of your wishes:

___ All organs ___ Specific organ(s): _____

___ As determined by my Medical Decision Maker ___ Not for anatomical study

K. CHILD CAREGIVER(s) (Financial)

If you have **minor** or **disabled** child(ren), please choose who you want to act as Financial Decision Maker(s) over any assets that may belong to such child(ren)?

First Choice: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

L. CHILD CAREGIVER(s) (Medical)

If you have **minor** or **disabled** child(ren), please choose who you want to have custody of, and be in charge of making medical and other health care decisions on behalf of such child(ren)?

First Choice: _____ Date of Birth: _____

Second Choice: _____ Date of Birth: _____

M. MISCELLANEOUS

Which, if any, estate planning document do you already have and when were they prepared?

Will(s) Trust(s) Medical Power(s) of Attorney Financial Power(s) of Attorney

ATTACH COPIES OF THESE DOCUMENTS OR BRING THEM WITH YOU

Do you have a Safe Deposit Box?

___ Yes ___ No

Have you ever made substantial gifts to anyone (i.e., in excess of \$2,500.00)?

___ Yes ___ No

Have you ever filed a Federal Gift Tax Return (IRS Form 709)?

___ Yes ___ No

Do you have any other legal issues that we should be aware of? If so, please explain:

N. DISTRIBUTION INTENTIONS

Please describe how you would like your assets to pass at your deaths. Complete these sections to the best of your abilities. We will discuss your distribution intentions in greater detail at your initial meeting.

1. **Specific Gifts.** These are items of personal property, cash, or other specifically identified assets that you wish to give to named recipients. For example, a husband may wish to give his coin collection to his son, and a wife may wish to give her wedding ring to her daughter, etc.

a. Does the husband wish to make specific gifts? **(If yes, list below or attach separate sheets if additional space is needed)**

Item (Describe)

Recipient

b. Does the wife wish to make specific gifts? **(If yes, list below or attach separate sheets if additional space is needed)**

Item (Describe)

Recipient

2. **Residue.** This is the balance of your assets not gifted under ¶1 above. For example, you may wish to distribute your assets to your surviving spouse and, if any of those assets remain at your surviving spouse's death, then you may wish that such remaining assets be distributed to your surviving children in equal shares.

a. How does the husband wish to distribute the residue of his estate at his death? (**Attach separate sheets if additional space is needed**)

b. How does the wife wish to distribute the residue of her estate at her death? (**Attach separate sheets if additional space is needed**)

3. **Retirement Account Distributions.** Regarding post death distributions from your retirement accounts (e.g., IRA's, 401(k)'s, etc.), which of the following objectives is more important to you?

Maintaining post death restrictions (i.e., ages limits) on the distributions to beneficiaries (e.g., for a child's or a grandchild's share); or

Maximizing income tax deferral on the distributions taken by the beneficiaries.

O. CERTIFICATION

The information contained in this Estate Planning Questionnaire is accurate and complete to the best of our knowledge, information, and belief, and we understand that the law firm and its individual lawyers will rely upon this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Husband's Signature

Date

Wife's Signature

Date