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Estate Planning Questionnaire

(for Non-Married Couples)

Prepared _____, 201_

A good estate plan requires that all relevant information concerning your personal, family, and financial situation be assembled. This form has been prepared to aid you in organizing that information.

PERSONAL INFORMATION:

Legal Name _____

Other Names Used _____

Birth Date _____

Home Address _____

Mailing Address _____

County of Residence _____

Home Telephone _____

Mobile Telephone _____

E-Mail Address _____

Fax Number _____

Occupation/Business _____

Employer _____

Business Address _____

Business Telephone _____

Partner's Name _____

Other Names Used _____

Birth Date _____

Partner Mobile Telephone _____
 Partner E-mail Address _____
 Partner Occupation _____
 Partner Employer _____
 Partner Business Address _____
 Partner Business Telephone _____

Which telephone number(s) would you prefer we use:

Home Mobile Business

Which address would you prefer we use:

Home Business

CHILDREN: None

<u>Name</u>	<u>Date of Birth (If a Minor)</u>	<u>Address (if not home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a possibility of additional natural or adopted children? Yes No

Are all children of the same relationship? Yes No

If not, please elaborate: _____

Have either you, or your partner, preserved or donated any genetic material that may be used in assisted reproduction? Yes No

If yes, please elaborate: _____

OTHER INDIVIDUALS YOU MIGHT DESIRE TO BENEFIT:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth (If a Minor)</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Referred By _____

NAMES OF ADVISORS:

Accountant _____

Insurance Agent _____

Financial Advisor _____

Are you pleased with all of your advisors? Yes No

OTHER CONSIDERATIONS:

Are both of you US citizens? Yes No
If no, please explain: _____

Do either of you own property in any other country? Yes No
If yes, which country? _____

Have either of you completed a designated beneficiary agreement? Yes No
If yes, please explain: _____

Have either of you been previously married? Yes No
If yes, please explain: _____

Do either of you have support or settlement obligations? Yes No
If yes, please provide a copy of that obligation.

Do either of you receive governmental benefits? Yes No
If yes, please explain: _____

Do any of your anticipated beneficiaries receive governmental benefits? Yes No
If yes, please explain: _____

Are any children or anticipated beneficiaries disabled? Yes No
If yes, please explain: _____

Will any of your anticipated beneficiaries (excluding minor children) need assistance with managing their funds? Yes No
If yes, please explain: _____

Is either of you the beneficiary of any trust? Yes No

Do either of you have a power of appointment under any trust? Yes No

Do either of you anticipate receiving a substantial inheritance? Yes No

Have either of you ever filed gift tax returns? Yes No
If yes, please provide copies of the returns.

Please provide any other information that may be relevant: _____

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Prior Wills or Trusts
- Prior Powers of Attorney Documents
- Prior Living Wills
- Designated Beneficiary Agreement
- Support Obligation Documentation
- Gift Tax Returns

ASSET INFORMATION:

How you own your property is important for purposes of properly designing and implementing your estate plan. For each asset please indicate how it is titled. Please use the following abbreviations:

Owner of Property	Use applicable designation below:
Owned individually by either partner.	I + Owner's Name
Joint Tenancy with partner	JTP
Joint Tenancy with someone other than partner, i.e. a child, parent, etc.	JTO
Tenants in Common with partner	TCP
Tenants in Common with someone other than partner, i.e. a child, parent, ect.	TCO
If you cannot determine how the property is owned	?

REAL PROPERTY:

<u>General Description</u>	<u>Owner</u>	<u>Market Value</u>	<u>Loan Balance</u>	<u>Equity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

FURNITURE, COLLECTIONS AND PERSONAL EFFECTS:

<u>Type or Description</u>	<u>Owner</u>	<u>Market Value</u>
<u>Miscellaneous Furniture and Household Effects</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total

AUTOMOBILES, BOATS AND RVs:

<u>General Description</u>	<u>Owner</u>	<u>Market Value</u>	<u>Loan Balance</u>	<u>Equity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total	_____	_____

BANK & SAVINGS ACCOUNTS:

<u>Name of Institution</u>	<u>Account number</u>	<u>Type*</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

* *Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD), Money Market (MM). Please do not include IRAs or 401Ks here.*

STOCKS AND BONDS:

<u>Stocks, Bonds, or Investments</u>	<u>Acct. Number</u>	<u>Owner</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

SUMMARY OF VALUES*:

<u>ASSETS</u>	<u>YOU</u>	<u>PARTNER</u>	<u>TOTAL VALUE</u>
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats, and RVs	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Accounts	_____	_____	_____
Business Interests	_____	_____	_____
Money Owed To You	_____	_____	_____
Other Assets	_____	_____	_____
Other Liabilities	(_____)	(_____)	(_____)
TOTAL NET ASSETS	_____	_____	_____

**Joint Property values enter 1/2 in each partner's column.*

FIDUCIARIES:

Please consider which persons you would like to administer your estate and/or trusts, and who would care for your minor children.

You

Partner

Name, Address & Phone:

Name, Address & Phone:

Personal Representative: (This is the person who administers your estate.)

Initial

_____	_____
_____	_____
_____	_____
_____	_____

1st Successor

_____	_____
_____	_____
_____	_____
_____	_____

2nd Successor
(optional)

_____	_____
_____	_____
_____	_____
_____	_____

If Applicable:

Trustee: (This is the person who administers your trust funds.)

Initial

_____	_____
_____	_____
_____	_____
_____	_____

1st Successor

_____	_____
_____	_____
_____	_____
_____	_____

2nd Successor
(optional)

_____	_____
_____	_____
_____	_____
_____	_____

Guardian: (This is the person who will be caring for your minor children.)

Initial

_____	_____
_____	_____
_____	_____
_____	_____

1st Successor

_____	_____
_____	_____
_____	_____

2nd Successor
(optional)

_____	_____
_____	_____
_____	_____
_____	_____

Will your choice of guardian be affected by the marriage, divorce, remarriage, or relocation of the persons named?

Yes No

If yes, please explain: _____

DISPOSITION OF ESTATE:

What are your general desires as to the disposition of your estates?

Partner, then children equally. Outright or In Trust. If in trust, please specify your desires: _____

Other: _____

Specific Gifts

<u>Amount or Description of Gift</u>	<u>Name of Individual or Charity</u>	<u>Relationship or Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Property

Do you want to provide that your personal property will be distributed according to a written list you may prepare later? Yes No

Any property not listed should be distributed to whom?

- Partner, then children equally
- Children equally
- Other: _____

Pets

Do you own pets? Yes No
If yes,
Do you wish to provide for your pets? Yes No

If yes, please explain: _____

OTHER COMMENTS:

GENERAL POWER OF ATTORNEY:

Have you ever given a power of attorney to another? Yes No
If yes, please explain: _____

Do you want to appoint another to manage your finances should you become unable to manage them on your own? Yes No

General Power of Attorney Agent: (Please list name and address.)

	<u>You</u>	<u>Partner</u>
Initial	_____	_____
	_____	_____
	_____	_____
	_____	_____
1st Successor (optional)	_____	_____
	_____	_____
	_____	_____
	_____	_____
2nd Successor (optional)	_____	_____
	_____	_____
	_____	_____
	_____	_____

Do you want that power to be immediately effective or become effective upon a doctor's letter? _____

MEDICAL DIRECTIVES:

Have you ever signed any medical directives? Yes No
If yes, please explain: _____

Do you want to appoint another to make your medical decisions should you become unable to make them on your own? Yes No

If yes,

Medical Power of Attorney Agent: (Please list name and address.)

	<u>You</u>	<u>Partner</u>
Initial	_____	_____
	_____	_____
	_____	_____
	_____	_____
1 st Successor	_____	_____
	_____	_____
	_____	_____
	_____	_____
2 nd Successor (optional)	_____	_____
	_____	_____
	_____	_____
	_____	_____

Do you want a living will that directs the hospital as to your end of life decisions? Yes No

If yes,

Do you want the living will or the decisions of your agent to control if a conflict between the two were to arise? _____

DISPOSTION OF YOUR REMAINS:

Do you desire special instructions regarding burial or cremation? Yes No

If yes, please explain: _____

Do you desire special instructions regarding a funeral or memorial? Yes No

If yes, please explain: _____

Do you desire to make anatomical gifts? Yes No

If yes, please explain: _____

If you would like us to prepare a Disposition of Last Remains please provide the following information:

Place of Birth _____

Father's Full Name _____

Mother's Maiden Name _____

Are you a Veteran? Yes No

If yes:

Date Enlisted _____

Discharged _____

Service # _____

Name of war (if applicable) _____

Signature: _____

Date: _____