

**ESTATE PLANNING QUESTIONNAIRE**

**GEORGE E. MOORE LAW OFFICE, L.L.C.**

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Celina, Ohio 45822

**Info@GeorgeMooreLaw.com**

DATE: \_\_\_\_\_ 20\_\_\_\_.

**Question #1:** Do you expect any “fights / disputes” regarding anything in this document?

**YES / NO**

**Question #2:** Is there anybody who you would like to “leave nothing to” who may expect to otherwise receive something from your estate after you die?

**YES / NO**

**IF THE ANSWER TO EITHER IS YES:** Please notify our office when returning this form.

**PERSONAL AND FAMILY DATA**

**Personal Information**

a. **Wife:**

i. Full legal name: \_\_\_\_\_

ii. Residence address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_ cell / home

iv. Email: \_\_\_\_\_

v. Date of Birth \_\_\_\_\_

b. **Husband:**

i. Full legal name: \_\_\_\_\_

ii. Residence address: \_\_\_\_\_

iii. Telephone: \_\_\_\_\_ cell / home

iv. Email: \_\_\_\_\_

v. Date of Birth \_\_\_\_\_

**Marriage Date:** \_\_\_\_\_ **Marriage City & State:** \_\_\_\_\_

**Year Ohio residence established:** \_\_\_\_\_

**WILL PROVISIONS DESIRED BY CLIENT**

**1. General Disposition Intentions (a.k.a. “who gets my stuff?”)**

**a. First “taker” =**

- i. **Name:** \_\_\_\_\_
- ii. **City and State of residence** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_

a. (Tip: Most married couples wish their entire estate go to their spouse if they survive them. If you desire an alternate distribution, please let us know.)

**b. Alternate “taker(s)” =**

(Tip: If their “first taker” is unable or unwilling to inherit from you: most “surviving spouses” list their children, in equal shares. However, this is not a requirement under Ohio law. We can further discuss if you have questions.)

**a. For each person:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State of residence** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_

**b. For each person:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State of residence** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_

**c. For each person:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State of residence** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_

**d. For each person:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State of residence** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_

\*\*\*\*\*

**Question #3: CIRCLE ONE: If an “alternate taker” is unable or unwilling to inherit from you and that alternate taker has lineal descendants (children, grandchildren, etc.), would you prefer for (1) their share to pass lineally downward to their descendants?**

**Or, alternatively (2) be distributed equally among the remaining “alternate takers” you have designated?**

c. **Specific Bequests:**

a. **Do you want anybody to get any specific items from you?**

- a. **Name:** \_\_\_\_\_
- b. **City / State of residence:** \_\_\_\_\_
- c. **Item(s) (list details!):** \_\_\_\_\_
- d. **Does this count against their overall share percentage? YES / NO**
- e. **If they are unable to inherit this item:** \_\_\_\_\_

b. **Do you want anybody to get any specific items from you?**

- a. **Name:** \_\_\_\_\_
- b. **City / State of residence:** \_\_\_\_\_
- c. **Item(s) (list details!):** \_\_\_\_\_
- d. **Does this count against their overall share percentage? YES / NO**
- e. **If they are unable to inherit this item:** \_\_\_\_\_

c. **Do you want anybody to get any specific items from you?**

- a. **Name:** \_\_\_\_\_
- b. **City / State of residence:** \_\_\_\_\_
- c. **Item(s) (list details!):** \_\_\_\_\_
- d. **Does this count against their overall share percentage? YES / NO**
- e. **If they are unable to inherit this item:** \_\_\_\_\_

d. **Disposition of Residue (anything “left over” after everything else is distributed. This rarely occurs):**

**(Tip:** Pick a person NOT listed as a general heir elsewhere in your Will. You can also pick an entity such as a charity or church if you like.)

a. **For each person/entity:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_
- v. **Any restrictions on its use?** \_\_\_\_\_

e. **Ultimate Beneficiary (the “last ditch recipient” of anything otherwise unable to be distributed under your Will. This also rarely occurs. Failure to designate such a person means all such property will go to the State of Ohio!)**

**(Tip:** Pick a person NOT listed as a general heir elsewhere in your Will. You *can* designate the same person that you designated as the recipient of the “Disposition of Residue” of your Estate.

You can also pick an entity such as a charity or church if you like)

a. **For each person/entity:**

- i. **Name:** \_\_\_\_\_
- ii. **City and State** \_\_\_\_\_
- iii. **Relationship between you and them** \_\_\_\_\_
- iv. **Percentage of share?** \_\_\_\_\_
- v. **Any restrictions on its use?** \_\_\_\_\_

**Personal Representative (a.k.a. "Executor"):**

**It is advisable for the surviving spouse to serve as Executor.**

**If he or she does not wish to serve, another responsible person (possibly adult children or attorney) can normally serve as such.**

**For Wife:**

**1) Initial Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**2) 1st Alternate Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**3) 2nd Alternate Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**For Husband: Same as above? YES / NO**  
**(If no, fill out next page for Husband)**  
**(If same: skip next page)**

**For Husband ONLY if different from Wife's choices on previous page:**

**1) Initial Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Executor:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband to fill out ONLY if different from Wife's choices on previous page!**

**Guardians for Minor Children (if any):**

Until minor children reach age 18, they **must** have a guardian appointed with respect to both their person and any property they may own individually. **Usually** the surviving parent is named Guardian of the property (a parent is generally automatically Guardian of the person). **Some other person should be named in the alternative** in the event neither parent survives. It is **HIGHLY RECOMMENDED** that you **NOT “jointly appoint” a couple** due to the possibility that one-half of the couple may be unable or unwilling to serve!!

**For Wife:**

**1) Initial Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**2) 1st Alternate Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**3) 2nd Alternate Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_

**For Husband: Same as above? YES / NO**  
**(If no, fill out next page for Husband)**  
**(If same: skip next page)**

**For Husband ONLY if different from Wife's choices on previous page:**

**1) Initial Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Guardian:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband to fill out ONLY if different from Wife's choices on previous page!**

## **POWERS OF ATTORNEY**

Powers of Attorney are often used to authorize someone to act for you under certain legal conditions, especially (but not limited to) time of legal incapacitation. We will recommend that you consider executing such power. **Whom would you like to name as your agent (and Successor agent) under such power?**

**There are two types of such power:**

- (1) a “Durable General Power of Attorney” and**
- (2) a “Durable Health Care Power of Attorney.”**

The “**Durable General Power of Attorney**” appoints an agent to act for you in connection with financial matters and to manage assets (which can become effective immediately upon execution, or at a later specified date); while the “**Durable Health Care Power of Attorney**” appoints an agent to make health care decisions for you in the event of incapacity. For any such appointment, we **STRONGLY RECOMMEND** that you appoint persons whom you know, love, and trust. With regard to the “**Durable Health Care Power of Attorney**”, it is also important to nominate persons who will act as a strong advocate for you and on your behalf when you are unable to do so.

At our meeting, we will discuss with you why we recommend you execute both a “Durable General Power of Attorney”, as well as a “Durable Health Care Power of Attorney” to supplement your overall estate plan.



**DURABLE POWER OF ATTORNEY:**

**For Wife:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband: Same as above? YES / NO**

**(If no, fill out next page for Husband)**

**(If same: skip next page)**

**DURABLE POWER OF ATTORNEY:**

**For Husband ONLY if different from Wife's choices on previous page:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband to fill out ONLY if different from Wife's choices on previous page!**

**MEDICAL POWER OF ATTORNEY:**

**For Wife:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband: Same as above? YES / NO**  
**(If no, fill out next page for Husband)**  
**(If same: skip next page)**

**MEDICAL POWER OF ATTORNEY:**

**For Husband ONLY if different from Wife's choices on previous page:**

**1) Initial Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**2) 1st Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**3) 2nd Alternate Agent:**

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_ cell / home
- d. Residence address: \_\_\_\_\_  
\_\_\_\_\_

**For Husband to fill out ONLY if different from Wife's choices on previous page!**

**Other information**  
**(Optional, but helpful for the future, especially after your passing)**

**Prior Marriages:**

**For Wife:**

Ex #1's name: \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_

Children born of marriage: \_\_\_\_\_

Date of termination of marriage: \_\_\_\_\_

Ex #2's name: \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_

Children born of marriage: \_\_\_\_\_

Date of termination of marriage: \_\_\_\_\_

**For Husband:**

Ex#1's name: \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_

Children born of marriage: \_\_\_\_\_

Date of termination of marriage: \_\_\_\_\_

Ex #2's name: \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_

Children born of marriage: \_\_\_\_\_

Date of termination of marriage: \_\_\_\_\_

**Attach extra sheets if necessary**

**Children (including those you have legally adopted):**

**Question #4 (optional, but helpful to know!): Do you plan to adopt in future? YES / NO**

**Child #1:**

Child's name: \_\_\_\_\_  
Child's other parent (if not your current spouse): \_\_\_\_\_  
Child's birthday: \_\_\_\_\_  
Child's address (if not the same as yours): \_\_\_\_\_  
Child's email: \_\_\_\_\_  
Child's phone: \_\_\_\_\_ cell / home  
Child's spouse (if any): \_\_\_\_\_  
Child's children (if any): \_\_\_\_\_  
Child's occupation: \_\_\_\_\_

**Child #2:**

Child's name: \_\_\_\_\_  
Child's other parent (if not your current spouse): \_\_\_\_\_  
Child's birthday: \_\_\_\_\_  
Child's address (if not the same as yours): \_\_\_\_\_  
Child's email: \_\_\_\_\_  
Child's phone: \_\_\_\_\_ cell / home  
Child's spouse (if any): \_\_\_\_\_  
Child's children (if any): \_\_\_\_\_  
Child's occupation: \_\_\_\_\_

**Child #3:**

Child's name: \_\_\_\_\_  
Child's other parent (if not your current spouse): \_\_\_\_\_  
Child's birthday: \_\_\_\_\_  
Child's address (if not the same as yours): \_\_\_\_\_  
Child's email: \_\_\_\_\_  
Child's phone: \_\_\_\_\_ cell / home  
Child's spouse (if any): \_\_\_\_\_  
Child's children (if any): \_\_\_\_\_  
Child's occupation: \_\_\_\_\_

**Attach extra sheets if necessary**

**Real Estate:**

<b>Location and Type</b>	<b>Approximate Market Value of Equity</b>	<b>Cost Basis</b>	<b>How Is Title Held? “Survivorship Deed?” “Tenancy-in-Common?”</b>

**Insurance:**

<b>Company and Policy Number</b>	<b>Death Benefit</b>	<b>Approximate Cash Value</b>	<b>Person Insured</b>	<b>Owner</b>	<b>Beneficiary</b>

**Cash Accounts:**

<b>Institution</b>	<b>Approximate Balance</b>	<b>In Whose Name(s)?</b>

**Thank you for your interest in allowing the George E. Moore Law Office, LLC to help you achieve your estate planning goals.**

**In order to allow us to assist you, and to begin an Attorney-Client relationship, please contact us at your convenience.**

**We look forward to working together with you.**