# Estate Planning Questionnaire

The information requested on this Questionnaire may seem like none of our business, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to help you plan your estate to accomplish future goals and to save on administrative expenses. Completing the form should be relatively easy. If there are any sections that seem too difficult, we suggest that you just consider the information being requested and move on to the next section.

All information you provide to us, including the information in this Questionnaire, is protected by attorney-client privilege and will be held in complete confidence unless you direct us to communicate with others about your planning. If you would like us to coordinate with another trusted advisor, such as your financial advisor, insurance agent, or accountant, we provide a way to authorize that on the final page.

Please complete this Questionnaire in as much detail as possible and return it to our office or bring it with you if you have an upcoming consultation or office conference. If you have any questions while completing this form, please feel free to call our office at the number below.


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Part 1

## Basic Information

The answers you provide in this section include important objective information about you, your address and contact information, your personal data, and how best to communicate with you.

| Client 1 Information | Client 2 Information |
| --- | --- |
| First Name / Middle / Last Name / Gender ☐ Male ☐ Female | First Name / Middle / Last Name / Gender ☐ Male ☐ Female |
| A/K/A or Prefer to be Called | A/K/A or Prefer to be Called |
| Address | Address |
| City / State / Zip Code | City / State / Zip Code |
| County | County |
| TEL cell / TEL home | TEL cell / TEL home |
| E-mail | E-mail |
| Date of Birth / Soc. Sec. # | Date of Birth / Soc. Sec. # |
| Occupation / Employer | Occupation / Employer |
| U.S. citizen? \| Veteran? If yes-dates of service: ☐ Yes ☐ No \| ☐ Yes ☐ No | U.S. citizen? \| Veteran? If yes-dates of service: ☐ Yes ☐ No \| ☐ Yes ☐ No |

### Marriage & Relationship Information

**Marital Status**

☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Life Partners/Unmarried Couple

**If Married**

Date of Marriage:

Do you have a Marital Property Agreement? ☐ Yes ☐ No

Resided outside Michigan during the marriage? ☐ Yes ☐ No

If Yes-when/where?

Does either spouse have individual property?
(e.g., assets received)

☐ Yes ☐ No or not sure

If yes explain: by inheritance, or as a gift solely to that spouse, etc?

Client 1 - Prior Marriage Information:

Client 2 - Prior Marriage Information:

Part **2**

## Children

Please list **ALL of your children** (whether natural or adopted, minors or adults, living or deceased, and whether or not you wish to leave an inheritance to them). See Section 7 if you need more space.

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Address | | | |
| | | | |
| City | | State | Zip Code |
| D.O.B. | | Soc. Sec. # (if known) | |
| TEL primary | | TEL alternate | |
| E-mail | | | |
| Spouse/Partner Name | | Grandchildren Names | |
| Notes | | | |

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Address | | | |
| | | | |
| City | | State | Zip Code |
| D.O.B. | | Soc. Sec. # (if known) | |
| TEL primary | | TEL alternate | |
| E-mail | | | |
| Spouse/Partner Name | | Grandchildren Names | |
| Notes | | | |

Child of: ☐ Client 1 *only* ☐ Client 2 *only* ☐ Both

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Address | | | |
| | | | |
| City | | State | Zip Code |
| D.O.B. | | Soc. Sec. # (if known) | |
| TEL primary | | TEL alternate | |
| E-mail | | | |
| Spouse/Partner Name | | Grandchildren Names | |
| Notes | | | |

Child of: ☐ Client 1 *only* ☐ Client 2 *only* ☐ Both

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Address | | | |
| | | | |
| City | | State | Zip Code |
| D.O.B. | | Soc. Sec. # (if known) | |
| TEL primary | | TEL alternate | |
| E-mail | | | |
| Spouse/Partner Name | | Grandchildren Names | |
| Notes | | | |

Part 3

## Other Family Members & Potential Beneficiary Information

Please list other **important family members** (parents, siblings, etc.) or persons who may be **intended beneficiaries**, including any charitable beneficiaries you may want to include in your planning. See Section 7 if you need more space.

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Relationship to Client | | | |
| Address | | | |
| | | | |
| City | State | Zip Code | |
| D.O.B. | Soc. Sec. # (if known) | | |
| TEL primary | TEL alternate | | |
| E-mail | | | |

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Relationship to Client | | | |
| Address | | | |
| | | | |
| City | State | Zip Code | |
| D.O.B. | Soc. Sec. # (if known) | | |
| TEL primary | TEL alternate | | |
| E-mail | | | |

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Relationship to Client | | | |
| Address | | | |
| | | | |
| City | State | Zip Code | |
| D.O.B. | Soc. Sec. # (if known) | | |
| TEL primary | TEL alternate | | |
| E-mail | | | |

| First Name | Middle | Last Name | Gender ☐ Male ☐ Female |
|---|---|---|---|
| Relationship to Client | | | |
| Address | | | |
| | | | |
| City | State | Zip Code | |
| D.O.B. | Soc. Sec. # (if known) | | |
| TEL primary | TEL alternate | | |
| E-mail | | | |

### Potential Charitable and Other Beneficiaries

| Name of Other Beneficiary | ☐ Male ☐ Female - or - ☐ Charity | |
|---|---|---|
| Address | | |
| | | |
| City | State | Zip Code |
| Description | Taxpayer I.D.# (if known) | |
| TEL primary | TEL alternate | |
| E-mail / Website | | |

| Name of Other Beneficiary | ☐ Male ☐ Female - or - ☐ Charity | |
|---|---|---|
| Address | | |
| | | |
| City | State | Zip Code |
| Description | Taxpayer I.D.# (if known) | |
| TEL primary | TEL alternate | |
| E-mail / Website | | |

## Part 4 — Planning Issues and Concerns

These questions help us identify potential issues and topics that may be important to address with you in greater detail. We understand that some of these questions may involve sensitive subjects, but honest responses are important for proper planning. If answering these questions as a couple, "you" should be understood to mean "either of you."

| *General Issues* | Yes | No or N/A | Comments |
|---|---|---|---|
| Have you ever **previously prepared an estate plan** or executed planning documents such as a will, trust or power of attorney? . . . . . . . . | ☐ | ☐ | |
| Do you have negative associations about the **estate planning process**, or find it to be an especially difficult topic to address? . . . . . . . . | ☐ | ☐ | |
| Is anyone **influencing or helping you** with your estate planning? . . . . . . . . | ☐ | ☐ | |
| Do you have any concerns about any of your children, family members, and/or anticipated legal representatives **not getting along well**? . . . . . . . . | ☐ | ☐ | |
| Do you anticipate that there is **anyone who might react negatively** to the decisions which may be reflected in your estate planning? . . . . . . . . | ☐ | ☐ | |
| Do you, or any family member or beneficiary, have any **serious health concerns**? . . . . . . | ☐ | ☐ | |
| If you have **pets** or companion animals (now or in the future), would you like to include provisions in your estate plan to protect and provide for them? . . . . . . . . | ☐ | ☐ | |

| *Identifying Family Relationships* | Yes | No or N/A | Comments |
|---|---|---|---|
| Other than a current spouse/partner, is there any person (minor or adult) you regard **as a close family member but who is not legally related** (*i.e.*, by blood or adoption)? . . . | ☐ | ☐ | |
| If married/partners, do either of you have any **children** who are, for legal purposes, ***not also* the natural or adopted child *of the other***? . . . . . . . . | ☐ | ☐ | |
| Other than a spouse/partner, is there any person who you may want to protect or provide for in your estate plan who is ***not*** **a child or descendant** (*e.g.*, a parent, sibling, etc.)? . . . | ☐ | ☐ | |
| Do you wish to **specifically disinherit** any of your children, grandchildren, or any other close relative? . . . . . . . . | ☐ | ☐ | |
| If one of your beneficiaries dies before you, is there any reason you would prefer that beneficiary's inheritance ***not*** **pass in turn to his/her descendants**? . . . . . . . . | ☐ | ☐ | |
| For your estate plan (*e.g.*, an inheritance passing to a beneficiary's "descendants"), should **all your children be treated** equally? . . . . . . . . | ☐ | ☐ | |
| Do you want assets passing to **younger beneficiaries to be held**, and not distributed to them, until they reach a specific age (e.g. beyond age 21)? . . . . . . . . | ☐ | ☐ | |

| *Asset and Ownership Issues* | Yes | No or N/A | Comments |
|---|---|---|---|
| Have you **named your estate the beneficiary** on any insurance, retirement accounts, annuities, or other assets with a beneficiary designation? . . . . . . . . | ☐ | ☐ | |
| Do you currently own any real estate in another state or country, or own any other property which is physically located outside Michigan? . . . . . . . . | ☐ | ☐ | |
| Are you the **joint owner** or **co-owner** of any property with anyone other than your current spouse/partner?. . . . . . . . | ☐ | ☐ | |

| *Financial and Legal Obligations* | Yes | No or N/A | Comments |
|---|---|---|---|
| Other than your spouse/partner or minor children, is there anyone who is now, or is likely in the future to become, **dependent on you for financial support**? . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |
| Do you have any **continuing financial obligations from a divorce** or family law matter, such as a property settlement or support payments? . . . . . . . . . . . . . | ☐ | ☐ | |
| Do you have any **legal obligation to maintain a beneficiary** on insurance or in your will (e.g., in a divorce judgment, marital agreement, etc.)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |
| Do you need or want to save for a child's **future college or educational needs**? . . . . . . . | ☐ | ☐ | |

| *Special Needs and Concerns* | Yes | No or N/A | Comments |
|---|---|---|---|
| Do you, or any family member or beneficiary, have **any kind of disability** (whether physical, psychological, developmental, special educational, etc.)? . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |
| Do you, or any family member or beneficiary, currently receive any form of **means-tested public assistance** benefits (e.g., SSI, SSDI, Medicaid, etc.)? . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |
| Do you have **Long-Term Care (LTC) insurance** (i.e., insurance to cover the cost of a nursing home or other long-term skilled care)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |
| Are you concerned about the possibility of losing your assets if you or your spouse were ever to need **nursing home or other long-term skilled care**? . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ | |

| *Beneficial Interests* | Yes | No or N/A | Comments |
|---|---|---|---|
| Do you have any interest as the **beneficiary of an existing trust or estate**? . . . . . . . . . . . | ☐ | ☐ | |
| Do you anticipate the possibility of receiving any substantial gift and/or inheritance ($100,000 +)? | ☐ | ☐ | |

## Concerns and Questions

If you have any concerns or questions about the estate planning process, please feel free to list them below so that we can address them:

Part 5

## Asset Assessment

Our ability to recommend appropriate estate planning options requires that we have an accurate picture of the nature, amount and value of your assets, how they are titled/owned, and if they include such designations, the beneficiary you have named. This section is intended as a way to provide that information easily and efficiently.

**Instructions.** You can attach a personal financial statement prepared for other purposes instead of completing this section, if that is more convenient. Otherwise, please provide as much information as you are able to without significant inconvenience. Values can be "ballparked" (i.e., they do not need to be absolutely precise, just reasonably accurate). If you own more property of a given type than can be listed below, attach extra sheets to list the additional property. If you choose for whatever reason to not provide asset information, it must be with the understanding that the resulting lack of complete and accurate awareness of your circumstances could result in our providing you with information or recommendations which are incorrect or inapplicable to you (and/or improper legal advice if you choose to retain us) and could therefore negatively impact your estate plan.

| | |
|---|---|
| Primary Home - address: | |
| Other Real Estate - address: | |
| Other Real Estate - address: | |
| Other Real Estate - address: | |
| Ret. Acct. / IRA - describe: | |
| Ret. Acct. / IRA - describe: | |
| Business Interest – describe: | |
| Business Interest – describe: | |
| Investment / Brokerage- describe: | |
| Investment / Brokerage - describe: | |
| Stocks / Bonds / Mutual- describe: | |
| Bank Account – describe: | |
| Bank Account – describe: | |
| Bank Account – describe: | |
| Bank Account – describe: | |
| Life Ins policy - company & benefit amount: | |
| Life Ins policy - company & benefit amount: | |
| Life Ins policy - company & benefit amount: | |
| Life Ins policy -company & benefit amount: | |
| Loans / Money Owed to You - describe: | |
| Autos, Boats, RV's, etc: | |
| Personal Property (approx. value): | |
| Anticipated Inheritance (approx.): | |
| Other Assets – describe: | |

| | |
|---|---|
| **Total Assets** (add everything up) | $ |
| **About how much do you owe?** (mortgages, loans, etc.) | - |
| **Approximate Net Worth** (subtract the two) | $ |

Part 6

## Nomination / Designation of Legal Representatives

Please help us identify the persons (or firms) that you would like to serve in the important roles summarized below. For each role, identify your first choice and, where space is provided to do so, also provide a second and third choice as alternates in case the primary person/firm is unable to serve. We generally recommend that only one person at a time be nominated to act. If you have difficulty with this section, you can wait to discuss it with your attorney, but we strongly suggest that you begin considering your preferences beforehand.

### Guardian of Minor Children

Identify the person or persons that you would nominate to act as legal guardian and caretaker of your child or children who may still be under age 18 (if applicable).

| Client 1 | Client 2 |
|---|---|
| First Choice | First Choice |
| 2nd Choice (Alternate A) | 2nd Choice (Alternate A) |
| 3rd Choice (Alternate B) | 3rd Choice (Alternate B) |

### Personal Representative

Identify the person (or firm) you would want the court to appoint to have the authority to carry out the terms of your Will and manage the probate process. This should be someone you trust and who you believe would keep accurate records.

| Client 1 | Client 2 |
|---|---|
| First Choice | First Choice |
| 2nd Choice (Alternate A) | 2nd Choice (Alternate A) |
| 3rd Choice (Alternate B) | 3rd Choice (Alternate B) |

### Agent (for General Durable Power of Attorney)

Identify the person that you want to authorize to handle your legal and financial affairs, if you are unable to do so for yourself. This should be someone you trust and who you believe would keep accurate records (ideally, someone who lives close to you geographically as possible).

| Client 1 | Client 2 |
|---|---|
| First Choice | First Choice |
| 2nd Choice (Alternate A) | 2nd Choice (Alternate A) |
| 3rd Choice (Alternate B) | 3rd Choice (Alternate B) |

### Health Care Agent (for Health Care Power of Attorney)

Identify the person that you want to authorize to make any major medical decisions on your behalf, if you are unable to do so for yourself. This should be someone who knows you well enough to know what you would want, and who you trust to act accordingly.

| Client 1 | Client 2 |
|---|---|
| First Choice | First Choice |
| 2nd Choice (Alternate A) | 2nd Choice (Alternate A) |
| 3rd Choice (Alternate B) | 3rd Choice (Alternate B) |

### Trustee

Identify the person (or firm) that you want to have the authority to carry out and administer the terms of your Trust (if applicable).

| Client 1 | Client 2 |
|---|---|
| First Choice | First Choice |
| 2nd Choice (Alternate A) | 2nd Choice (Alternate A) |
| 3rd Choice (Alternate B) | 3rd Choice (Alternate B) |

## Health Care Information

| *Health Care Questions* | Client 1 | Client 2 |
|---|---|---|
| I give my Health Care Agent permission to admit me to a Nursing Home or Community-Based Residential Facility (long-term, non-recuperative / respite care). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ Yes ☐ No | ☐ Yes ☐ No |
| I give my Health Care Agent permission to withhold or withdraw a feeding tube. . . . . . . . . . . . . . . . | ☐ Yes ☐ No | ☐ Yes ☐ No |
| I give my Health Care Agent authority to make health care decisions even if I am pregnant. . . . . . . | ☐ Yes ☐ No or N/A | ☐ Yes ☐ No or N/A |
| If I have a Terminal Condition, as determined by 2 physicians who have personally examined me, I want feeding tubes used to prolong my life. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If I am in a Persistent Vegetative State, as determined by 2 physicians who have personally examined me, I want life sustaining procedures to prolong my life. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If I am in a Persistent Vegetative State, as determined by 2 physicians who have personally examined me, I want feeding tubes used to prolong my life. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ Yes ☐ No | ☐ Yes ☐ No |

| *Anatomical Gifts - Select Only One of the Following:* | Client 1 (select only one): | Client 2 (select only one): |
|---|---|---|
| I wish to donate any needed organ or part. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ |
| I wish to donate only the following organs or parts: ______________________________ . . | ☐ | ☐ |
| I wish to donate my body for anatomical study if needed. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ |
| I do NOT wish to make an anatomical gift.. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ☐ | ☐ |

Part **7**

## Contact Information

Use this sheet to provide contact information for other persons or firms important to your estate planning for which there was insufficient space above.

| | |
|---|---|
| *First Name* *Middle* *Last Name* *Gender* ☐ Male ☐ Female | *First Name* *Middle* *Last Name* *Gender* ☐ Male ☐ Female |
| *Relationship to Client* | *Relationship to Client* |
| *Address* | *Address* |
| | |
| *City* *State* *Zip Code* | *City* *State* *Zip Code* |
| *TEL primary* *TEL alternate* | *TEL primary* *TEL alternate* |
| *E-mail* | *E-mail* |

**Part 8**

## General & Supplemental Information

This final section includes important information which does not quite fit into any of the prior categories. We use this as a "wrap-up" and it is the final section, so you are nearly finished!

**WHAT WAS THE *PRIMARY* WAY YOU LEARNED ABOUT US?**

☐ Referral from (please name or describe): ____________________

☐ Internet / website / social media (www.EpiphanyLaw.com, or describe): ____________________

☐ Other (please describe): ____________________

**OTHER ADVISORS.** If you have any other trusted or important advisors who you rely upon, please provide their name and contact information in the spaces provided below:

| | | Do you authorize us to communicate with him/her about your planning? |
|---|---|---|
| Financial Advisor: | ____________________ | ☐ Yes ☐ No |
| Insurance Agent: | ____________________ | ☐ Yes ☐ No |
| Accountant / Tax Preparer: | ____________________ | ☐ Yes ☐ No |
| Family Attorney: | ____________________ | ☐ Yes ☐ No |
| Banker: | ____________________ | ☐ Yes ☐ No |
| Other *(please explain)*: | ____________________ | ☐ Yes ☐ No |

**ADDITIONAL DOCUMENTATION.** In some instances, it may be necessary for us to review other documents before we can make planning recommendations. If possible without substantial inconvenience, please attach the following documentation:

1. Copies of your previously executed planning documents, including wills, trusts, beneficiary designations, powers of attorney, health care directives, etc.
2. Any Marital Property Agreement (pre or post nuptial) or comparable agreement (if applicable).
3. Copies of the essential records for any business interest you own which confirm the type of entity, what portion you own, and any ownership requirements or restrictions (*e.g.*, Articles and Bylaws, Shareholder/Operating/Partnership Agreement, Buy-Sell Agreement, Non-Compete etc.), and a copy of any recent valuation reports or analyses.
4. Copies of all deeds to real estate owned by you, if available (or at least the real estate tax bills for each property).
5. Copies of any other documentation which you believe would be important for us to have available in order to assist you.

I understand that The Wallace Firm, P.C. (the "Firm") will need to rely on the information I supply to help me develop an estate plan. I also understand that inaccurate or incomplete information could negatively impact my estate plan. Consequently, if I retain the Firm, I will provide the Firm accurate and complete information prior to finalizing or signing my estate plan documents.

**Client 1**: ____________________ **Date:** ____________________

**Client 2**: ____________________ **Date:** ____________________

Congratulations on completing this Questionnaire!

YOU ARE NOW ONE STEP CLOSER TO THE PEACE OF MIND THAT COMES FROM HAVING AN ESTATE PLAN