



Estate Planning Questionnaire: Joint

Mahe Law, Ltd.

I. PERSONAL INFORMATION

In order to prepare your estate planning documents, we need to acquire some personal information regarding you, your family and your family history. Please provide all requested information regardless of whether you believe it is relevant. If you need more spaces, please use and attached additional sheets of paper.

A. The following information pertains to PARTY NO. 1:

1. Name: _____

Other or former names: _____

2. Home Address:

Street _____ City _____

Zip _____ County _____

3. Home Phone No. _____

4. Social Security Number: _____

5. Date of Birth: _____

6. Place of Birth: _____

7. Citizenship: _____

8. Date You Became Resident of Nevada: _____

9. Prior Marriages (if any) and how they were terminated (ex. divorce):

10. Names of Children of Prior Marriages or Relationships (if any):

<u>Name</u>	<u>DOB</u>	<u>Spouse</u>	<u>Address</u>	<u>Phone #</u>

11. Grandchildren of Prior Marriages or Relationships (if any):

Name Date of Birth Name of Parent

<u>Name</u>	<u>Date of Birth</u>	<u>Name of Parent</u>

12. Deceased children of prior marriages or Relationships (if any): _____

13. Living Parents: _____

14. Brothers and Sisters: _____

B. The following information pertains to PARTY NO. 2:

1. Name: _____

Other or former names: _____

2. Home Address:

Street _____ City _____
Zip _____ County _____

3. Home Phone No. _____

4. Social Security Number: _____

5. Date of Birth: _____

6. Place of Birth: _____

7. Citizenship: _____

8. Date You Became Resident of Nevada: _____

9. Prior Marriages (if any) and how they were terminated (ex. divorce):

10. Names of Children of Prior Marriages or Relationships (if any):

Name DOB Spouse Address Phone #

<u>Name</u>	<u>DOB</u>	<u>Spouse</u>	<u>Address</u>	<u>Phone #</u>

11. Grandchildren of Prior Marriages or Relationships (if any):

Name Date of Birth Name of Parent

12. Deceased children of prior marriages or Relationships (if any): _____

13. Living Parents: _____

14. Brothers and Sisters: _____

C. Parties' Current Marriage/Relationship:

1. Date of Marriage (if applicable): _____

2. Place of Marriage (if applicable): _____

3. Any Marriage Agreements (Prenuptial or Postnuptial Agreements:
(Provide account statements)

Yes No

If yes, describe: _____

4. Names of Children of Current Marriage or Relationship (if any):

Name DOB Spouse Address Phone #

5. Deceased children (if any): _____

6. Grandchildren of Current Marriage or Relationship (if any):

Name Date of Birth Name of Parent

<u>Name</u>	<u>Date of Birth</u>	<u>Name of Parent</u>

II. FIDUCIARIES

As part of your estate plan, you will be identifying the individuals that you want to be responsible for making decisions during your lifetime, if you are unable to do so, or after your death. Typically, the individual responsible is the same for all documents. However, please indicate the individual you desire to be responsible, and successors if your first choice is unable or unwilling to act, for the following documents:

A. Last Will and Testament:

1. For Party No. 1:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

2. For Party No. 2:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

B. Trust:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

C. Guardian of Minor Children (if any):

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

D. Agents for Durable Power of Attorney for Health Care Decisions:

One of the documents we recommend you sign is a durable power of attorney for healthcare decisions. This document is effective during your lifetime and takes effect in the event you cannot make health care decisions for yourself.

1. For Party No. 1:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

2. For Party No. 2:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

E. Agents for Durable Power of Attorney and Nomination of Guardian:

One of the documents we recommend you sign is a durable power of attorney and nomination of guardian. This documents is effective during your lifetime and takes effect in the event you cannot make financial decisions or it becomes necessary to have a guardian appointed.

1. For Party No. 1:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

2. For Party No. 2:

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

III. DISTRIBUTION OF YOUR ESTATE

Please indicate how you would like your estate to be distributed:

IV. FINANCIAL INFORMATION

a. Location and Number of Safe Deposit Box:

b. Persons Who Have Access to Safe Deposit Box:

C. Are There Present Wills or Trusts for either Party:
(If the answer is yes, please provide copies to attorney)

Party No. 1: Yes No

Party No. 2: Yes No

D. Accountant:

Name	
Address	
Phone No.	

E. Others who know about your affairs:

Name	
Address	
Phone No.	

Name	
Address	
Phone No.	

F. Separate Property (Married Parties Only):

Does either party claim an interest in any separate property? Separate property is described as property acquired prior to current marriage, or property received by one spouse by way of gift or inheritance during marriage.

Party No. 1: Yes No

Party No. 2: Yes No

If yes, please explain and provide copies of the deeds, titles or account statements:

G. Approximate Net Worth:

What is your current approximate net worth, including death benefits from life insurance policies:

\$ _____

H. Has either Party made substantial gifts to children or others?

Yes No

If yes, to whom: _____

I. Real Estate:

If you own real property, please provide the following information:

How is title held:

Address:

Please furnish a copy of the deed you received when title was vested in your name(s).

J. List Bank and Investment Accounts:

Institution

Account Number

V. **ADDITIONAL CONSIDERATIONS:**

A. Do you have any specific requests regarding your funeral or burial (ex: cremation)?

Party No. 1: Yes No

Explain: _____

Party No. 2: Yes No

Explain: _____

B. Do you have any other comments you feel are pertinent which we have not requested in this questionnaire?

