



Estate Planning Questionnaire: Individual

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 space, please attach additional sheets of paper.

A. Full Legal Name: _____

Name as you would like it to appear on documents:

Other or former names: _____

B. Home Address:

Street _____ City _____
Zip _____ County _____

C. Email Address. _____

D. Phone No. _____

E. Date of Birth: _____

F. Citizenship: _____

G. Date You Became Resident of Nevada: _____

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

I. Names of Children (if any):

Name DOB Spouse Address Phone #

J. Grandchildren (if any):

Name

Date of Birth

Parent

K. Deceased children (if any): _____

L. Living Parents: _____

M. Brothers and Sisters: _____

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. 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. Trust:

A trust is a legal document created during your lifetime which allows you to designate individuals whom you would like to be responsible for managing or distributing your assets upon your passing. Upon your passing, the trust will continue in existence and will act as a method to transfer your assets to the beneficiaries you have designated in the manner you have designated. Prior to your death the trust remains revocable and subject to amendment. Upon your passing, the trust becomes irrevocable.

1st Choice:

Name	
Address	
Phone No.	
Relationship	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	

B. Last Will and Testament:

If you establish a living trust, the Last Will and Testament works together with your trust and is designed to transfer any assets which have not been titled in the name of the trust to the trust upon your passing. Under this scenario, the beneficiary of your Will is the trust itself, and only affects assets which were not transferred to the trust during your lifetime. The pour over of any assets not transferred to the trust causes the trust to collect all of your assets and thereafter to act as the device which distributes the entirety of your estate pursuant to your directions, as indicated in your trust.

If you do not have a trust, the Last Will and Testament becomes the instrument under which you to name beneficiaries of your assets upon your death, and appoint certain individuals to be in charge of your estate upon your passing. Please be advised, if you opt for a Will without a Trust, this option likely triggers a probate process.

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 applicable):

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:

The Durable Power of Attorney for Healthcare Decisions allows you to nominate agents to whom you grant the power to make medical decisions on your behalf if you are unable to your own make medical decisions.

1st Choice:

Name	
Address	
Phone No.	
Relationship	
Email	

2nd Choice:

Name	
Address	
Phone No.	
Relationship	
Email	

3rd Choice:

Name	
Address	
Phone No.	
Relationship	
Email	

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

The Statutory Power of Attorney allows you to nominate agents to whom you grant the power to make financial and/or economic decisions on your behalf or whom you would want to be nominated as your guardian.

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:

(If the answer is yes, please provide copies to attorney)

Yes ☐ No ☐

D. Accountant (if applicable):

Name	
Address	
Phone No.	

E. Others who know about your affairs (if applicable):

Name	
Address	
Phone No.	

F. Approximate Net Worth:

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

\$ _____

G. Have you made substantial gifts to children or others?

Yes ☐ No ☐

If yes, to whom:

H. List Bank and Investment Accounts:

Institution

Account Number

V. REAL ESTATE:

If you own real property in Nevada and would like us to retitle it into the name of your Trust, please provide the following information:

Address:

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

VI. NAME OF TRUST

If you are establishing a Trust, it must be assigned a name. Most commonly, we utilize your name and year of creation, i.e., The John/Jane Doe 2023 Trust. However, there are no legal requirements or guidelines which must be followed in naming your trust. If you have a preference, please indicate it here and we will use it if at all possible. Otherwise, we will follow the common naming structure.

VII. ADDITIONAL CONSIDERATIONS:

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

Yes ☐ No ☐

Explain: _____

B. Are there circumstances that exist which require expediting the preparation of your estate plan documents? If so, please provide an explanation so that we may assess the urgency.

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