

## ESTATE PLANNING QUESTIONNAIRE

This questionnaire is designed to help gather the information required to structure an estate plan that best accomplishes your goals. Should any questions arise while completing this form, please contact your Gilbert Law attorney.

	Husband	Wife
Full Name (Please indicate if you have a title such as Dr.)		
Preferred Nickname		
Date of Birth		
Home Address		
County of Residence		
Home Telephone		
Business Telephone		
Cellphone		
Email Address		
Employer		
Employer Address		
Position		
Prior Marriage(s)		
Citizenship		

## Children

Full Names of Children	Date of Birth	Gender	Relationship*

\* In describing "Relationship," use the following abbreviations:

H = Husband's Children, W = Wife's Children, J = Joint children, A = Adopted Children.

Do any of your children have mental or physical problems that may require special care or attention?

Yes     No

If yes, please describe.

## Grandchildren

Full Names of Grandchildren	Date of Birth	Gender	Which Child Above is Parent?

## General Information

Are either of you a party to any marital agreement? (If yes, provide us with a copy of any marital agreement.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are either of you party to any divorce or dissolution decree? (If yes, provide us with the name of your previous spouse and a copy of any divorce or dissolution decree.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either of you lived outside your current state of residence during your marriage? If so, where and when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have wills or other estate planning documents (trusts, powers of attorney, living wills, etc.)? If yes, provide copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does either of you anticipate a sizable inheritance, or are you the beneficiary of an existing probate estate? If yes, please indicate its approximate value.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own property jointly with a third party or do you own property that is payable on your death to another? If so, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does either of you own life insurance on the life of someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are either of you the beneficiary/trustee of any trusts? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either of you made any substantial gifts? If yes, please indicate to whom, when and the value of the gift(s), and provide copies of any gift tax return(s) filed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does either of you hold power of appointment over any trust property (power to redirect or reallocate trust property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either of you entered into any buy-sell or shareholder agreement? If yes, please provide copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either of you entered into any operating agreement? If yes, please provide copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has either of you entered into any partnership agreement? If yes, please provide copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Fiduciary Information

Please consider which individuals you may wish to serve as fiduciaries in your estate plan so that we may discuss this issue. Fiduciaries can serve individually or with another fiduciary.

A description of each fiduciary's role follows below. Keep in mind that it may be beneficial to appoint the same individuals in the same order for the roles of Trustee, Personal Representative and Agent for the Durable Power of Attorney.

- **Trustee.** The Trustee manages and invests the trust assets for the benefit of the trust beneficiaries and distributes the principal and income of the trust. Your Trustee may be any individual older than 18 or a trust company.
- **Personal Representative.** The Personal Representative is responsible for filing your will with the court, collecting all of your probate assets, paying all your debts and expenses, filing tax returns and distributing property to your beneficiaries (or to the trustee of your trust).
- **Agent for Durable Power of Attorney.** The Agent for Durable Power of Attorney is given broad powers to handle your legal and financial affairs if you become incapacitated or physically unavailable. An Agent has the power to sign checks on your behalf, buy and sell property on your behalf and access your safe deposit box, among other powers.
- **Agent for Healthcare Directive.** The Agent for Healthcare Directive is given the power to make healthcare decisions for you if you become incapacitated or physically unavailable. An Agent has the power to consent to or refuse any care, treatment or procedure to diagnose or treat any physical or mental condition.
- **Guardian for Minor Children.** If any of your children are younger than 18 at the death of the survivor of you, the Guardian will care for your child on a day-to-day basis. The Guardian will be responsible for your child's educational and medical welfare.
- **Conservator for Minor Children.** If any of your children are younger than 18 at the death of the survivor of you, the Conservator will control and administer the child's financial assets that are not held in trust until your child turns 18. Please note that the individuals you appoint as Conservator may be, but need not be, the same individual(s) you appoint as Guardian(s).

## Medical Decision-Making

	Husband		Wife	
Do you wish to be cremated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to donate your body or organs for transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to donate your body or organs to science?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your condition is terminal or if you are in a persistent vegetative state and are unable to communicate decisions regarding your healthcare, do you want the following treatments/procedures to be withdrawn or withheld?

	Husband		Wife	
Artificial Hydration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Artificial Nutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surgery or Other Invasive Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR/Mechanical Breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Advisor Information

It may be necessary or convenient for us to coordinate with your other financial advisors in providing your estate planning services. If you wish to provide us with the names and contact information for your financial advisors, please do so here.

Advisor	Name	Contact Information
Accountant		
Investment or Financial Planner		
Life Insurance Agent		
Other		

## Financial Information

It is very important to have accurate information regarding how your assets are currently titled and their values. If you or your financial advisor has already assembled your asset information in the form of a personal financial statement, please feel free to attach a copy in lieu of completing this section. Copies of the most recent statements for each asset (i.e., bank and brokerage accounts, deeds, operating agreements, limited partnership agreements) and the corporate record book will also be helpful.

ASSETS (Approximate Current Value)	Husband	Wife	Joint
1. Bank Accounts and Cash			
2. Significant Personal Property (cars, jewelry, art)			
3. Marketable Stocks and Bonds			

ASSETS (Approximate Current Value)				Husband	Wife	Joint
4. Closely Held Business Interests						
Type of Entity	% Owned	Approx. Value of Your %	Buy-Sell Agreement?			
5. Real Estate — Home						
6. Real Estate — Other						
7. Life Insurance						
Company	Owner	Beneficiary	Type			
8. Employer Retirement Plans						
Employer	Beneficiary	Type of Plan				

ASSETS (Approximate Current Value)	Husband	Wife	Joint
9. IRAs and Beneficiary			
10. Other			

LIABILITIES (Mortgages, insurance loans, major obligations, etc.)	Husband	Wife	Joint
1.			
2.			
3.			

NET ESTATE	Husband	Wife	Joint
Total Assets Minus Total Liabilities			

INCOME	Husband	Wife	Joint
Annual Amount			



### Safe Deposit Box

Name and Location of Bank	Owner of Box	Other Persons With Access (Deputies)

### Property Located Outside State of Residence

Kind of Property	State of Location	How Titled? (Husband/Wife/Joint)

**NOTE:** We understand that some decisions reflected in this questionnaire may change after discussions between us. This questionnaire is intended merely to gather information so that we may discuss specific recommendations.