

# Law Office of Anthony D. Zinnanti

## Estate Planning Organizer

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INSTRUCTIONS: This form is available both as a fillable or printable PDF. All information will be reviewed for accuracy and completeness. This form will become part of the client file and is strictly confidential. Should you have questions, please contact our office at (818) 273-1100 or [adzesq@gmail.com](mailto:adzesq@gmail.com). (Estimated time to complete: 30 to 90 minutes.)

Thank you for choosing our law firm for your estate planning needs.



Please complete the relevant parts of the questionnaire. Not all parts may be relevant. This questionnaire becomes part of your client file and is confidential. At the creation of the Trust, you (and your spouse) will be the “Settlor(s),” “Trustee(s)” and “Beneficiary(ies).”

A “Successor Trustee” and “Attorney in Fact” is a person who will handle your affairs or administer the Trust after disability or death. To avoid redundancy, you may check off where the appointed persons are the same as the the Successor Trustee(s). Look for the →

### **I. Your Information (Trust Settlor)**

Your Legal Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

U.S. Citizen or Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Current Spouse (Trust Co-Settlor)**

Spouse’s Legal Name: \_\_\_\_\_

U.S. Citizen or Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Note: Citizenship is important to estate tax analysis. A non-citizen spouse has a limited inheritance before estate tax.

## **FAMILY**

### **Your Children (Any Age and Dependent or Adult Status)**

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Check one: Natural?  Legally Adopted?  Foster?  Step?  Special Needs?

Of this marriage or prior marriage? \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child act as a “Successor Trustee” or “Attorney in Fact”? \_\_\_\_\_

**Children (Continued)**

2. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Check one: Natural?  Legally Adopted?  Foster?  Step?  Special Needs?

Of this marriage or prior marriage? \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

3. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Check one: Natural?  Legally Adopted?  Foster?  Step?  Special Needs?

Of this marriage or prior marriage? \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

4. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Check one: Natural?  Legally Adopted?  Foster?  Step?  Special Needs?

Of this marriage or prior marriage? \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this child act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

**Are you aware of any disputed parentage issue?** Briefly explain. This will be covered in the follow up interview. \_\_\_\_\_  
\_\_\_\_\_

**Are there any children (including grandchildren) expected but unborn at this time?**  
\_\_\_\_\_

**Grandchildren**

How Many Grandchildren Do You Have? \_\_\_\_\_ (Number should be equivalent to chart)

Please map the lineage of your **grandchildren**, if any. Your children (1 - 4) are identified from the previous page. Use an additional page, if necessary.

| Child 1.   | Child 2.   | Child 3.   | Child 4.   |
|------------|------------|------------|------------|
| GC 1 _____ | GC 1 _____ | GC 1 _____ | GC 1 _____ |
| GC 2 _____ | GC 2 _____ | GC 2 _____ | GC 2 _____ |
| GC 3 _____ | GC 3 _____ | GC 3 _____ | GC 3 _____ |
| GC 4 _____ | GC 4 _____ | GC 4 _____ | GC 4 _____ |
| GC 5 _____ | GC 5 _____ | GC 5 _____ | GC 5 _____ |

**Parents**

**Your Father**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? \_\_\_\_\_

**Your Spouse’s Father**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? \_\_\_\_\_

**Your Mother**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this parent act as a “Successor Trustee” or “Attorney in Fact”? \_\_\_\_\_

**Your Spouse's Mother**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this parent act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

**Are you the potential heir to any parents' estate?** \_\_\_\_\_

**Your Siblings**

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

2. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

3. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

4. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Will this sibling act as a "Successor Trustee" or "Attorney in Fact"? \_\_\_\_\_

Is **anyone** (spouse, children, grandchildren, parents or siblings) mentioned in this questionnaire receiving **public benefits** or **Supplemental Security Income** ("SSI")? If so, who and what benefits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have any outstanding **child support** obligation? If so, how much and what is the nature of it? Does it include repayment of public benefits for a child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any **monetary judgments** against you or any beneficiary of your estate:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the nature and age of any **taxes owed** to the **IRS, Cal FTB** or **Cal BOE**:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever sought "innocent spouse" or "injured spouse" relief? \_\_\_\_\_

("Innocent spouse" is ignorance of a tax liability, where "injured spouse" is having your refund seized to pay a spouse's tax obligation; a reason why married couples may file "married filing separately.")

### ASSETS

Are you working with a **financial advisor**? If so, please indicate name and telephone number: \_\_\_\_\_ Phone: \_\_\_\_\_

### REAL ESTATE (Including Mobile and Modular, Vacant Land, Units and Time Shares)

1. Description and Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Titled in whose name/vesting? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage \_\_\_\_\_ Est. Current Value \_\_\_\_\_

**Real Estate (Continued)**

2. Description and Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Titled in whose name/vesting? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage \_\_\_\_\_ Est. Current Value \_\_\_\_\_

3. Description and Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Titled in whose name/vesting? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage \_\_\_\_\_ Est. Current Value \_\_\_\_\_

4. Description and Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Titled in whose name/vesting? \_\_\_\_\_

Purchase Price \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage \_\_\_\_\_ Est. Current Value \_\_\_\_\_

**BANK ACCOUNTS**

➔ Contact financial advisor to get this information? \_\_\_\_\_ If not, please complete.

1. Bank \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

2. Bank \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

**Bank Accounts (Continued)**

3. Bank \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

4. Bank \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

Safe Deposit Box Location? \_\_\_\_\_

**INVESTMENT ACCOUNTS OR MUTUAL FUNDS FUNDING**

➔ Contact financial advisor to get this information? \_\_\_\_\_ If not, please complete.

A. Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

B. Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

C. Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

D. Institution \_\_\_\_\_ Account # \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

## INDIVIDUAL STOCKS, BONDS AND CURRENCY

➔ Contact financial advisor to get this information? \_\_\_\_\_ If not, please complete.

1. Description \_\_\_\_\_ Quantity \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

2. Description \_\_\_\_\_ Quantity \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

3. Description \_\_\_\_\_ Quantity \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

4. Description \_\_\_\_\_ Quantity \_\_\_\_\_

Titled in Whose Name? \_\_\_\_\_

## RETIREMENT ACCOUNTS (Example: 401(k), 403(b), 457, IRAs or Pension Plans)

**Note:** Retirement plans/accounts do not get transferred into the Trust, but accounts such as IRAs may be inherited. Inheritance of certain retirement accounts requires special planning.

➔ Contact financial advisor to get this information? \_\_\_\_\_ If not, please complete.

1. Name of Plan/Account: \_\_\_\_\_

Type of Plan: \_\_\_\_\_ Holder (You or Spouse): \_\_\_\_\_

Presently Designated Beneficiary: \_\_\_\_\_

Beneficiary's Contact Information (if other than listed in "Family"): \_\_\_\_\_

\_\_\_\_\_

**Retirement Plans/Accounts (Continued)**

2. Name of Plan/Account: \_\_\_\_\_

Type of Plan: \_\_\_\_\_ Holder (You or Spouse): \_\_\_\_\_

Presently Designated Beneficiary: \_\_\_\_\_

Beneficiary's Contact Information (if other than listed in "Family"): \_\_\_\_\_

\_\_\_\_\_

3. Name of Plan/Account: \_\_\_\_\_

Type of Plan: \_\_\_\_\_ Holder (You or Spouse): \_\_\_\_\_

Presently Designated Beneficiary: \_\_\_\_\_

Beneficiary's Contact Information (if other than listed in "Family"): \_\_\_\_\_

\_\_\_\_\_

4. Name of Plan/Account: \_\_\_\_\_

Type of Plan: \_\_\_\_\_ Holder (You or Spouse): \_\_\_\_\_

Presently Designated Beneficiary: \_\_\_\_\_

Beneficiary's Contact Information (if other than listed in "Family"): \_\_\_\_\_

\_\_\_\_\_

**BUSINESSES, PARTNERSHIPS, LLCs or CORPORATE INTERESTS**

**Note:** "Fractional Interest" is your percentage interest in the business concern.

1. Name \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Fractional Interest \_\_\_\_\_

**Businesses, Partnerships, LLCs or Corporate Interests (Continued)**

2. Name \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Fractional Interest \_\_\_\_\_

3. Name \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Fractional Interest \_\_\_\_\_

4. Name \_\_\_\_\_

Type of Ownership \_\_\_\_\_ Fractional Interest \_\_\_\_\_

**LIFE INSURANCE AND ANNUITIES**

➔ Contact financial advisor to get this information? \_\_\_\_\_ If not, please complete.

1. Company \_\_\_\_\_ Policy Owner \_\_\_\_\_

1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_

Cash Value? \_\_\_\_\_ Death Benefits \_\_\_\_\_

Note: Depending on the beneficiary designation, death benefits may be part of your taxable estate.

2. Company \_\_\_\_\_ Policy Owner \_\_\_\_\_

1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_

Cash Value? \_\_\_\_\_ Death Benefits \_\_\_\_\_

3. Company \_\_\_\_\_ Policy Owner \_\_\_\_\_

1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_

Cash Value? \_\_\_\_\_ Death Benefits \_\_\_\_\_

4. Company \_\_\_\_\_ Policy Owner \_\_\_\_\_

1<sup>st</sup> Beneficiary \_\_\_\_\_ 2<sup>nd</sup> Beneficiary \_\_\_\_\_

Cash Value? \_\_\_\_\_ Death Benefits \_\_\_\_\_

**SIGNIFICANT PERSONAL PROPERTY (Only assets of significant value >\$10,000)**

1. Description \_\_\_\_\_ Approx. Value \_\_\_\_\_

2. Description \_\_\_\_\_ Approx. Value \_\_\_\_\_

3. Description \_\_\_\_\_ Approx. Value \_\_\_\_\_

4. Description \_\_\_\_\_ Approx. Value \_\_\_\_\_

5. Description \_\_\_\_\_ Approx. Value \_\_\_\_\_

**PATENTS, COPYRIGHTS, OR TRADEMARKS**

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Note: Please indicate if any IP interest has been amortized as a business asset.

**MINERAL RIGHTS**

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**STOCK OPTIONS**

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**DIGITAL ASSETS**

(Bitcoin, Paypal, Square, Google Wallet, Facebook, iTunes, Second Life,  
Mileage and Gaming Accounts, Domain Names, Email Accounts)

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**OTHER ASSETS**

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**DEBTS OWED TO YOU / PROMISSORY NOTES**

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**NOTE: THE INFORMATION SUBMITTED WILL BE REVIEWED FOR GROSS AND NET VALUE TO ASCERTAIN EXPOSURE TO FEDERAL ESTATE TAX AND ANY ATTENDANT PLANNING PROVISIONS. AS OF 1982, CALIFORNIA DOES NOT HAVE AN ESTATE (INHERITANCE) TAX. ESTATE TAX EXPOSURE IN OTHER JURISDICTIONS IS REVIEWED ON A STATE-BY-STATE BASIS.**

## PRESENT WILLS AND TRUSTS

Do you have a Will or Trust? \_\_\_\_ If so, what is the date of the Will? \_\_\_\_\_

What is the name of your current Trust? (Not this Trust) \_\_\_\_\_

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Have you been divorced since the above-mentioned Will or Trust was completed? \_\_\_\_\_

If so, when was your divorce completed? \_\_\_\_\_ Is your divorce pending? \_\_\_\_\_

Is your present Will or Trust lost or destroyed? \_\_\_\_\_ If not, please provide a copy.

## PROVISIONS FOR THIS TRUST

Name for this Trust: \_\_\_\_\_

Note: A specific name is recommended as opposed to, example "The Smith Family Trust."

### Trustees and Guardians

Who will be the Trustee(s)? → Check here if it will be you (and your spouse): \_\_\_\_\_

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**Successor Trustee(s)** - Steps in at your incapacity or death to administer the provisions of the Trust. Can be adult children, trusted friend, and/or a Corporate or Professional Trustee.

First Choice: Name \_\_\_\_\_ Listed Above? \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Successor Trustee(s) (Continued)**

Second Choice: Name \_\_\_\_\_ Listed Above? \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Third Choice: Name \_\_\_\_\_ Listed Above? \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Will you require “bond” of these people? \_\_\_\_\_ Bond is a posted security to ensure that the interests of the beneficiaries are protected from dishonesty of a Trustee. Usually, the premium for the bond is paid out of the trust estate.**

**Personal Guardian for Minor Children** - Responsible party to care for the minor children if something happens to you. A court order will still be required. But, you may designate.

**➔ Check here if choices are the same as Successor Trustee(s): \_\_\_\_\_**

**First Choice:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

**Second Choice:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

Third Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship to Child(ren) \_\_\_\_\_

**“Trust Protector” (Optional – but language for appointment will be included in Trust instrument.)** A trust protector is an individual who can control the actions of the Trustee by making modifications to the Trust. This is especially important after the Trust becomes irrevocable, as it will avoid the need for court intervention. Please set forth two individuals who are trustworthy, but neither relatives nor “subordinates” of the Successor Trustee(s).

First Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Second Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### **Compensation to Trustee(s)**

Administration of a Trust is a time-consuming task. Trusts normally contain a clause stating that the Trustee is eligible for “reasonable compensation.” This appears to be very vague. Lack of compensation may make a Trustee decline Trusteeship. We include the following clause to specify Trustee compensation.

“[C]ompensation shall be a reasonable fee based on the time and effort of the Trustee; such reasonable fee being no greater than 1.25% annually of the first \$600,000 and 0.75% of the next \$400,000 of the gross trust estate or combined trust estates, and to be prorated for any year in which the trust or trusts are terminated.”

Please indicate:

\_\_\_\_\_ Yes, I agree with this clause for Trustee compensation. \_\_\_\_\_ No, I do not agree.

## DISTRIBUTION OF TRUST ESTATE

**Special Gifts to Charities or Organizations** - Do you want to make a gift to a charity, foundation, religious or fraternal organization? On First Death or Second Death?

Note: Charitable gifts may be beneficial for planning and taxation.

1. Name of organization \_\_\_\_\_

Address \_\_\_\_\_

Description of gift \_\_\_\_\_

Is this organization a bona fide charity? \_\_\_\_\_

2. Name of organization \_\_\_\_\_

Address \_\_\_\_\_

Description of gift \_\_\_\_\_

Is this organization a bona fide charity? \_\_\_\_\_

**Special Gifts to Individuals** - Do you want to make any gifts to a family member or other individual? On First Death or Second Death?

1. Name of individual \_\_\_\_\_

Is this individual mentioned in the "Family" section? \_\_\_\_\_ If not, complete following:

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

Description of gift \_\_\_\_\_

2. Name of individual \_\_\_\_\_

Is this individual mentioned in the "Family" section? \_\_\_\_\_ If not, complete following:

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

Description of gift \_\_\_\_\_

**INHERITING INSTRUCTIONS FOR REMAINDER OF TRUST ESTATE**

**Simple “per stirpes” (equal shares typically based on children and surviving “issue”)**

**Initial here if you desire the following distribution scheme upon the death of the surviving Grantor: \_\_\_\_\_**

**Distribution: Distribute the trust estate in equal divisions to my living children, and if a child of mine (one or more) predeceases me, then my child’s share will be divided equally to the predeceased child’s surviving children. If my predeceased child has no issue (i.e., children), then their share shall revert to the Trust Estate to be divided equally among my surviving children. The Trust language will be very specific.**

**➔ If you do not agree with this distribution scheme, please complete the following or write a narrative of your proposed inheritance plan on a separate sheet of paper.**

**Beneficiaries and Inheriting Instructions** - Who do you want to receive the remainder of your estate after the above gifts have been made? You can designate a dollar amount or a percentage and state whether the inheritance should be outright or held in trust.

On First Death. Spouse (Yes or No)\_\_\_\_\_. Details: \_\_\_\_\_

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On Second Death. Children (Yes or No)\_\_\_\_\_. Details: \_\_\_\_\_

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**Ultimate Beneficiaries** - Who should receive your estate if you outlive all of the people you listed above?

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**Life Estate** – Do you wish to grant a beneficiary the right to enjoy the possession and use of land or income from the estate for their lifetime with a distribution to a beneficiary after the first beneficiary’s death? If so, please describe: \_\_\_\_\_

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**Disinheriting** - Are there anyone who should not receive anything from your estate?

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**ADDITIONAL QUESTIONS (If applicable)**

1. Date and place of current marriage: \_\_\_\_\_
2. Do you have a pre or post nuptial agreement? \_\_\_\_\_ Date: \_\_\_\_\_
3. Any previous marriages? \_\_\_\_\_ If so, how many? \_\_\_\_\_
  - a. Previous spouse’s name: \_\_\_\_\_
  - b. Previous spouse’s name: \_\_\_\_\_
  - c. Previous spouse’s name: \_\_\_\_\_
4. Marriage Settlement Agreements? \_\_\_\_\_
5. Do you expect a former spouse to make a claim to any portion of your estate? Do you expect a former spouse to make a claim against the estate of any of your family members? \_\_\_\_\_ If so, which above-mentioned spouse? \_\_\_\_\_

6. Have you been given a Power of Appointment, Limited or General, as the beneficiary to the Trust of another person? \_\_\_ Name of Trust: \_\_\_\_\_

7. Are you a Trustee of a Trust? \_\_\_ Name of Trust: \_\_\_\_\_

8. Do you expect to receive an inheritance from a non-family member? \_\_\_\_\_

9. Is so, who? \_\_\_\_\_

10. Do you own property with others as Tenants in Common? Describe: \_\_\_\_\_  
\_\_\_\_\_

11. Do you own any property, real or personal, or business interests outside the U.S.?  
\_\_\_\_\_

12. Do you (or, either of you) have any Separate Property? Describe: \_\_\_\_\_  
\_\_\_\_\_

### **DURABLE POWER OF ATTORNEY FOR AFFAIRS AND PROPERTY**

This is a designation for someone to act as your “Attorney-in-Fact” in the event of your inability to act on your own behalf. “Durable” means that it will be effective if you are incapacitated. Powers of Attorney may be changed or revoked.

➔ **Initial if choices are the same as Successor Trustee(s):** \_\_\_\_\_ (If not, complete.)

First Choice - Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Second Choice - Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Should this power be effective immediately? \_\_\_\_\_

Have you granted anyone a power of attorney (including for affairs with the IRS)? \_\_\_\_\_

If so, who? \_\_\_\_\_ Do you revoke? \_\_\_\_\_

**ADVANCE HEALTH CARE DIRECTIVE (AHCD) | HIPPA WAIVER**

Who would you like to carry out your health care decisions for you if you were unable to communicate your own wishes? The AHCD is more about enforcement than independent decision making. A HIPPA Waiver permits your AHCD representative to see your records.

➔ **Initial if choices are the same as Successor Trustee(s):** \_\_\_\_ (If not, complete.)

First Choice - Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Second Choice - Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH CARE AND DISPOSITION DIRECTIVES (Answer “Y” or “N”)**

Artificially prolong life? (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Anatomical gifts? (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Autopsy if not legally required? (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Nutrition/hydration if in vegetative state? (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Treatment for disease if in irreversible terminal state: (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Cremation of remains: (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

Burial of remains: (Party 1) \_\_\_\_ (Party 2) \_\_\_\_

**ANY ADDITIONAL INFORMATION YOU THINK IS IMPORTANT:**

**[END OF ESTATE PLANNING QUESTIONNAIRE]**