

# LOCKE & LYDEN, P.L.L.C.

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## ESTATE PLANNING QUESTIONNAIRE FOR HUSBAND AND WIFE

### PERSONAL INFORMATION

State the names requested below exactly as you want them to appear in your Will and other estate planning documents.

Husband's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Business or Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No Spouse?:  Yes  No

Are you now, or have you ever, served in the United States Military: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_

Name of Spouse for any prior marriages: \_\_\_\_\_

Is your former Spouse deceased: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Name of Business or Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CONFIDENTIALITY.** All information provided to this firm will be held in confidence unless you authorize us to release information. Any request to release information must be in writing. As a general rule, no one but the client(s) are permitted to be present during the initial consultation, particularly if that person is someone who may be a designated beneficiary in your Will and/or named in any of your other documents.

Social Security Number: \_\_\_\_\_  
Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No      Spouse?: \_\_\_\_ Yes \_\_\_\_ No  
Are you now, or have you ever, served in the United States Military: \_\_\_\_\_

**INFORMATION FOR MARRIED CLIENTS**

Married clients have the option of hiring separate attorneys for their estate planning needs. When married couples elect to have this firm represent them, both spouses must be present for the initial office consultation and all future consultations.

Although most married persons have the same objectives when it comes to estate planning, there are times when married clients have differing views on distribution of the proceeds of their estates, executors, trustees, etc. Some married individuals have private, confidential, or embarrassing information that they do not wish to share with their spouse, but that information may be essential to the estate planning process and will therefore have to be disclosed to the attorney. Additionally, sometimes married individuals have questions that they desire to ask the attorney separately because it makes them feel uncomfortable when their spouse is present. By having us represent you jointly, you will be losing the ability to address these issues without your spouse realizing them.

If you are married and decide you would like this firm to represent both of you, please initial below and then complete this form jointly:

By initialing below, we acknowledge that we have read and understood the above Information for Married Clients and we have elected to have this firm represent both of us in our estate planning. \_\_\_\_\_ / \_\_\_\_\_

**BENEFICIARY AND FIDUCIARY INFORMATION**

Please provide the following information for all of your children as well as any persons you believe may be named in or affected by your decisions regarding your estate planning. If the information does NOT pertain to both Husband and Wife, please designate as H for Husband and W for Wife:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_      Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_      Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_      Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_      Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Age: \_\_\_\_\_ Name of Their Spouse: \_\_\_\_\_

**SPECIAL MONETARY BEQUESTS**

If you would like to leave either a specific sum of money OR a percentage of your estate to one or more people, please identify the person and sum or percentage. If the information does NOT pertain to both Husband and Wife, please designate as H for Husband and W for Wife

**Beneficiary**

**Sum or Percentage**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**REAL ESTATE**

If you believe you would like to leave real estate to specific individuals, identify your wishes below:

Property Address:

Intentions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Address:

Intentions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Address:

Intentions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Address:

Intentions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RESIDUARY ESTATE**

Your residuary estate is what remains after the specific monetary bequests have been paid, real estate distributed and bills paid. Identify your intentions with respect to your residuary estate. If the information does NOT pertain to both Husband and Wife, please designate as H for Husband and W for Wife: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARDIANS FOR MINOR CHILDREN**

If you have a child or children under the age of 18, identify whom you would like to act as guardian:  
If the information does NOT pertain to both Husband and Wife, please designate as H for Husband  
and W for Wife:

**Guardian(s):**

- 1. Name: \_\_\_\_\_
- 2. Name: \_\_\_\_\_

If 1 is unable or unwilling, may 2 act as sole guardian? \_\_\_\_\_  
If 2 is unable or unwilling dies, may 1 act as sole guardian? \_\_\_\_\_  
If 1 & 2 separate or divorce, who should become guardian? \_\_\_\_\_

**Alternate Guardian(s):**

- 3. Name: \_\_\_\_\_
- 4. Name: \_\_\_\_\_

If 3 is unable or unwilling, may 4 act as sole guardian? \_\_\_\_\_  
If 4 is unable or unwilling dies, may 3 act as sole guardian? \_\_\_\_\_  
If 3 & 4 separate or divorce, who should become guardian? \_\_\_\_\_

**Alternate Guardian(s):**

- 5. Name: \_\_\_\_\_
- 6. Name: \_\_\_\_\_

If 5 is unable or unwilling, may 6 act as sole guardian? \_\_\_\_\_  
If 6 is unable or unwilling dies, may 5 act as sole guardian? \_\_\_\_\_  
If 5 & 6 separate or divorce, who should become guardian? \_\_\_\_\_

**Additional Questions About Your Guardians.**

Should the acting Guardian(s) be permitted to live in your family home, rent-free, until the  
Guardianship is terminated? \_\_\_\_\_

**TRUSTEE(S) FOR MINOR CHILDREN**

If you have a child or children under the age of 18, identify whom you would like to act as trustee:  
If the information does NOT pertain to both Husband and Wife, please designate as H for Husband  
and W for Wife:

**Trustee(s):**

- 1. Name: \_\_\_\_\_
- 2. Name: \_\_\_\_\_

If 1 is unable or unwilling, may 2 act as sole Trustee? \_\_\_\_\_  
If 2 is unable or unwilling dies, may 1 act as sole Trustee? \_\_\_\_\_  
If 1 & 2 separate or divorce, who should become Trustee? \_\_\_\_\_

**Trustee(s):**

- 3. Name: \_\_\_\_\_
- 4. Name: \_\_\_\_\_

If 3 is unable or unwilling, may 4 act as sole Trustee? \_\_\_\_\_  
If 4 is unable or unwilling dies, may 3 act as sole Trustee? \_\_\_\_\_  
If 3 & 4 separate or divorce, who should become Trustee? \_\_\_\_\_

**Trustee(s):**

5. Name: \_\_\_\_\_

6. Name: \_\_\_\_\_

If 5 is unable or unwilling, may 6 act as sole Trustee? \_\_\_\_\_

If 6 is unable or unwilling dies, may 5 act as sole Trustee? \_\_\_\_\_

If 5 & 6 separate or divorce, who should become Trustee? \_\_\_\_\_

**EXECUTOR(S) OF YOUR WILL:**

- Please check here if you would like to have your spouse act as your primary Executor. (You don't need to add your spouse's name below. The spaces below are designed for backup Executor(s) or a primary Executor that is not your spouse.)

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Age: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

**PERSONAL AND FAMILY FINANCIAL ASSETS**

Please complete the following table providing a reasonable estimate of assets owned by the Husband (solely), the Wife (solely) or jointly (Husband and Wife together). You may use any column if you are not married.

Owner:	Husband	Wife	Joint
Equity in VA Real Estate	\$	\$	\$
Equity in Real Estate outside of VA	\$	\$	\$
Investments (not retirement related)	\$	\$	\$
Regular Bank Accounts	\$	\$	\$
Life Insurance (Death Benefit)	\$	\$	\$

Tangible Personal Property	\$	\$	\$
Business or Trust Property	\$	\$	\$
Retirement Assets (Vested)	\$	\$	\$
Anticipated Inheritances	\$	\$	\$
Powers of Appointment	\$	\$	\$
Other Property	\$	\$	\$
<b>TOTAL OF ALL ASSETS:</b>	\$	\$	\$
Liabilities:	\$	\$	\$

**ADVANCE MEDICAL DIRECTIVES:**

If you wish to create a document to be used as an advance directive regarding your medical care, please provide the following for the person(s) that you wish to appoint as your agent(s).

- Please check here if you would like to have your spouse act as your primary agent. (You don't need to add your spouse's name below. The spaces below are designed for backup agent(s) or a primary agent that is not your spouse.)

Husband:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Wife:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**GENERAL POWER OF ATTORNEY:**

If you wish to have a general power of attorney drafted on your behalf, please provide the following with regard to the person(s) that you wish to appoint as your attorney(s)-in-fact. Please mark the information as H for Husband and W for Wife:

- Please check here if you would like to have your spouse act as your primary agent. (You don't need to add your spouse's name below. The spaces below are designed for backup agent(s) or a primary agent that is not your spouse.)

Husband:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Wife:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_