



Will-Based Estate Plan

COUPLES QUESTIONNAIRE

This document is designed to preview the precise questions our software will require answers for. If you have general questions, this document helps your financial advisor better assist in coordinating your estate plan. In our software, should you have questions, they have access to detailed tips accompanying each of the questions below. Your final answers are then submitted to EncorEstate Plans, and they use this information to prepare and review your documents.

WILL-BASED ESTATE PLANNING QUESTIONNAIRE - COUPLE

STEP 1 – MARITAL STATUS

☐ Married ☐ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Primary Email: _____

Client Name 1 (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Home Address: _____ **County:** _____

Do you own this home? ☐ Yes ☐ No

If yes, who currently holds legal ownership of the property? ☐ Both ☐ Client 1 ☐ Client 2

STEP 3 – FAMILY INFORMATION

What state and county will these documents be notarized in? _____

OR ☐ Not Sure

Do you own any other real estate? ☐ Yes ☐ No

If yes, list the addresses below.

Address

Do you have any biological or adopted children, living or deceased? ☐ Yes ☐ No

If yes, fill out the next page. If no, skip the next page.

Information about Living Children: (*Please add additional children on a separate sheet)

Child 1 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 2 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 3 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 4 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Information about Deceased Children:

Child's Name _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Name(s) of the Deceased Child's Children, if any: _____

STEP 4 – BENEFICIARIES (The individuals who receive everything after both spouses pass.)

Are the Beneficiaries receiving equal shares? ☐ Yes ☐ No

If yes, leave the share column blank. If no, fill in the share column. (i.e. 12.5% or 1/8)

Identify where their share should go should they predecease you. Each beneficiary can be different.

- Per Stirpes - to their natural born or adopted children
 - If per stirpes is selected for your biological or adopted children, It will lapse to the other children if they have no heirs.
- Lapse - to the other named beneficiaries
- Other – be prepared to provide your response during plan entry

Beneficiary Information			
	First, Middle, and Last Name OR Name of Organization	IF NOT EQUAL- % or Share	Select One Designation
B1			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B2			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B3			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B4			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B5			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
B6			<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Lapse <input type="checkbox"/> Other
		Total = 100%	

Do you want restrictions on the distributions to beneficiaries? ☐ Yes ☐ No

You must select No Restrictions for Will-Based Plans. If you select Yes, you will be asked to create a Trust-Based Estate Plan, as we do not create testamentary trusts within wills. However, an unfunded, revocable, trust-based estate plan can act just like a testamentary trust.

Specific Gifts (Charitable donations, funds to care for pets or gifts of significant value for others.)

The Tangible Personal Property list is the best place to list who will care for pets, receive family heirlooms, or receive personal property that may change frequently, like personal vehicles.

Please denote if the gift is to occur after the passing of a particular spouse (Client 1 or 2) or after both have passed.

Specific Gift Information			
	First, Middle, and Last Name OR Name of Organization	Amount, Percentage, or Item	After the Passing of
1			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
2			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
3			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
4			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
5			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both
6			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both

STEP 5 – EXECUTOR/POWER OF ATTORNEY (Financial Agent)

If either of you is incapacitated and unable to act, would you want your spouse/partner to make financial decisions on your behalf? ☐ Yes (Most common) ☐ No

Do you want your Financial Agent's powers limited in any way? ☐ Yes ☐ No (Most common)

Timing on Power of Attorney:

- ☐ Immediate for Primary Agent Only (Most Common)
☐ Immediate for All Agents ☐ Springing for All Agents

If you cannot make financial decisions for yourself, who do you want to make them for you? *The spouse/partner is assumed to be first (unless otherwise indicated). Please list the relationship also.*

Executor/Power of Attorney		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

STEP 6 – HEALTH CARE AGENTS

Do you want to include specific wishes regarding your health care if incapacitated? ☐Yes ☐No

If yes, please complete the Statement of Wishes attachment in the Knowledge Base.

If you cannot make health care decisions for yourself, who do you want to make them for you? We generally see the spouse/partner listed first. Please list the relationship, too.

Client 1 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐Yes ☐No (Most common)

If yes, which ones ☐ 1 ☐ 2 ☐ 3

Client 2 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐Yes ☐No (Most common)

If yes, which ones ☐ 1 ☐ 2 ☐ 3

STEP 7 – GUARDIAN

Do you have any minor children (under 18), or do you expect to in the future? ☐Yes ☐No

If yes, who would have physical custody of the minor children? Please list the relationship, too.

Guardians		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these guardians act together? ☐Yes ☐No

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

TANGIBLE PERSONAL PROPERTY LIST

[illegible]