



**ESTATE PLANNING QUESTIONNAIRE**

(Please complete one questionnaire per person for couples.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU WISH TO BE: ☐ BURIED or ☐ CREMATED

DISPOSITION OF REMAINS: \_\_\_\_\_

or ☐ TO BE DETERMINED ACCORDING TO THE WISHES OF MY  
PERSONAL REPRESENTATIVE.

**SPOUSE:**

NAME OF SPOUSE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**CHILDREN OR HEIRS AT LAW:**

**1) NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**2) NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**3) NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**4) NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NAME OF PERSON YOU WOULD LIKE TO MAKE MEDICAL DECISIONS FOR YOU IF YOU ARE UNABLE TO DO SO YOURSELF:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NAME OF BACK UP PERSON TO MAKE MEDICAL DECISIONS FOR YOU IF THE FIRST CHOICE IS NOT AVAILABLE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NAME OF PERSON YOU WOULD LIKE TO MAKE FINANCIAL DECISIONS FOR YOU IF YOU ARE UNABLE TO DO SO YOURSELF:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**NAME OF BACK UP PERSON TO MAKE FINANCIAL DECISIONS FOR YOU IF THE FIRST CHOICE IS NOT AVAILABLE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**BENEFICIARY INFORMATION:**

**1) NAME:** \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERCENTAGE OR AMOUNT OF BEQUEST: \_\_\_\_\_

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

☐ DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

☐ DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

**2) NAME:** \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERCENTAGE OR AMOUNT OF BEQUEST: \_\_\_\_\_

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

☐ DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

☐ DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

**3) NAME:** \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERCENTAGE OR AMOUNT OF BEQUEST: \_\_\_\_\_

IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE: (check option below)

☐ DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

☐ DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

**4) NAME:** \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERCENTAGE OR AMOUNT OF BEQUEST: \_\_\_\_\_

**IF THIS BENEFICIARY WERE TO PREDECEASE YOU, WOULD YOU WANT THEIR SHARE TO BE:** (check option below)

☐ DIVIDED AMONG THE SURVIVING BENEFICIARIES, or

☐ DISTRIBUTED TO THE BENEFICIARIES' SURVIVING CHILDREN?

**WHO WOULD YOU LIKE TO ADMINISTER YOUR ESTATE OR TRUST AFTER YOU PASS AWAY?**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IF THIS PERSON IS UNAVAILABLE, WHO WILL SERVE AS A BACK-UP?**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SPECIFIC BEQUESTS:**

**1) NAME:** \_\_\_\_\_

BEQUEST: \_\_\_\_\_

**2) NAME:** \_\_\_\_\_

BEQUEST: \_\_\_\_\_

**SPECIAL MEDICAL FORM INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

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**SPECIAL FINANCIAL FORM INSTRUCTIONS:**

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**WOULD YOU LIKE TO CREATE A LIVING TRUST?**

[ ] YES – if YES, please answer the remaining questions

[ ] NO – if NO, there is no need to answer the remaining questions

**REAL PROPERTY CONVEYED TO TRUST:**

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PARCEL NUMBER (if known): \_\_\_\_\_

**FINANCIAL ACCOUNTS PUT INTO THE TRUST:**

**1) FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**2) FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**3) FINANCIAL INSTITUTION NAME:** \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**PERSONAL PROPERTY IN THE TRUST:**

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