## KIETA LAW LLC & CAMERON J FOSTER LAW

New Client Estate Plan Questionnaire: Married Couple with Young Children

## Family Information:

Husband's Full Name: Wife's Full Name: Current Address: Child 1's Full Name: Child 2's Full Name: Child 3's Full Name

## Real Estate:

Do you own a home? (Y/N). If yes please list the address below.

Is the home titled to both of you as a couple or either of you individually?

Do you own any other real estate or partial interest in real estate other than mentioned above? (Y/N). If yes please list addresses below:

**Financial Assets** (if you own or hold an interest in any of the following, please check the box and briefly describe in the space below e.g. Chase Checking & Savings Account or Schwab Investment Account):

\_\_\_\_ Personal Bank Accounts

\_\_\_\_ Business Accounts

\_\_\_\_ Investment Accounts

\_\_ Retirement Accounts

\_\_\_\_ Annuities

\_\_\_\_ Life Insurance Policies

\_\_\_\_ Other (Small Business Interests, Stocks, etc.)

**Guardianship Questions:** In the event that neither of you are able (temporarily or permanently) to care for your children, who would you like to be given custody over them:

Party 1 Name: Relationship: Address:

**Party 2** Name: Relationship: Address:

Party 3 Name: Relationship: Address:

## **Miscellaneous Property Questions:**

Do you believe that the total value of your estate exceeds, or will exceed within your lifetime, the state or federal estate tax threshold? (Illinois: \$8M, Federal: \$28M)

Do you currently have a will or a trust?

Do you have any special items that you would like to see left to specific individuals? (e.g. baseball card collection, family wedding rings): After both of you are deceased, do you want your estate distributed evenly amongst your children?

Is there anyone who will have a potential claim on your estate property who you wish to disinherit?

**Powers of Attorney:** In the event that either of you are deemed incapable of making decisions regarding your healthcare or property due to mental or physical incapacity, please list the names of three individuals who you would trust to make such decisions on your behalf. **Note:** it is perfectly fine, though not required, to list each other as your primary decision makers.

**Husband: Property Power of Attorney** (individual named would have the power to pay bills on your behalf, close accounts, etc.):

Individual #1 Name: Address:

Individual #2 Name: Address:

Individual #3 Name: Address:

**Husband: Medical Power of Attorney** (individual named would have the power to make medical decisions on your behalf):

Individual #1 Name: Address:

Individual #2 Name: Address:

Individual #3 Name: Address: **Wife: Property Power of Attorney** (individual named would have the power to pay bills on your behalf, close accounts, etc.):

Individual #1 Name: Address:

Individual #2 Name: Address:

Individual #3 Name: Address:

**Wife: Medical Power of Attorney** (individual named would have the power to make medical decisions on your behalf):

Individual #1 Name: Address:

Individual #2 Name: Address:

Individual #3 Name: Address: