

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

*This information provided below will be held in the strictest confidence.
Please answer as accurate and complete as possible as the information is essential for the
creation of an effective estate plan.*

Today's Date: _____

Name: _____

Date of Birth: _____ Last 4 digits of Social Security No. _____

Home Address: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Employer Name: _____ Phone: _____

MARITAL STATUS

Please check all that apply:

____ Single.

____ Married. Name of Spouse: _____
Address of Spouse: _____

____ Separated. Name of Spouse: _____
Address of Spouse: _____

____ Divorced. Name of Ex-spouse: _____
Date of Divorce: _____

CHILDREN AND DEPENDENTS

Name	Relationship	Birth Date	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT ESTATE PLANNING DOCUMENTS

A. WILL

Do you have a Will? YES / NO *(If yes, please provide a copy)*

What is the date of your Will? _____

Who is your designated Personal Representative? _____

Did an attorney draft your will? YES / NO

Name of Attorney: _____

Do you want to REVOKE this Will? YES / NO

B. POWER OF ATTORNEY

Do you have a Power of Attorney (POA)? YES / NO *(If yes, please provide a copy)*

What type of POA is it? ___ Specific ___ General ___ Durable

Who is your named Attorney-in-Fact (agent)? _____

What is the date of your POA? _____

Do you want to REVOKE this POA? YES / NO

C. ADVANCE HEALTH CARE DIRECTIVE

Do you have a Healthcare Directive? YES / NO *(If yes, please provide a copy)*

What is the date of your Healthcare Directive? _____

Who is your named agent? _____

Do you want to REVOKE this Advance Health Care Directive? YES / NO

QUESTIONS FOR PREPARING A WILL

1. Do you expect to receive an inheritance or be the beneficiary of a trust? YES / NO
2. Do you have money, real estate, or other property in a foreign country? YES / NO
3. Have you been married previously? YES / NO
4. Are you a U.S. citizen? YES / NO
5. Do you hold stock in a closely held (small) corporation? YES / NO
6. Have you personally guaranteed any loan other than loans to yourself? YES / NO
7. Do you own any property jointly with right of survivorship with any other person? YES / NO
 - a. If yes, please elaborate:

ASSETS (current value)

- | | |
|--|-----------------|
| 1. Cash (checking & savings) | \$ _____ |
| 2. C.D.'s | \$ _____ |
| 3. Stocks and Bonds | \$ _____ |
| 4. Real Estate – Residence | \$ _____ |
| 5. Real Estate – Other (vacation home; rental; etc.) | \$ _____ |
| 6. IRA's | \$ _____ |
| 7. Profit sharing, Pension | \$ _____ |
| 8. Money owed to you | \$ _____ |
| 9. Interest in business(es) | \$ _____ |
| 10. Life Insurance (face amount) | \$ _____ |
| 11. Personal Property (auto, jewelry, furniture; etc.) | \$ _____ |
| 12. Other assets | \$ _____ |
| Total Assets | \$ _____ |

LIABILITIES

- | | |
|---|----------|
| 1. Mortgages | \$ _____ |
| 2. Credit Cards | \$ _____ |
| 3. Other Loans (student loans; auto/boat loans; etc.) | \$ _____ |

ASSET INFORMATION

1. Real Estate

- a. Address _____
 - i. Owner/Tenancy _____
 - ii. Current Market Value _____
 - iii. Current Mortgage Balance \$ _____
 - iv. Lender Name: _____

- b. Address _____
 - i. Owner/Tenancy _____
 - ii. Current Market Value _____
 - iii. Current Mortgage Balance \$ _____
 - iv. Lender Name _____

2. Life Insurance

- a. Company _____
 - i. Person Insured _____
 - ii. Beneficiary _____
 - iii. Policy Owner _____
 - iv. Type of Policy _____
 - v. Face Value \$ _____
 - vi. Cash Value \$ _____
 - vii. Policy Loan \$ _____

3. Stocks and Bonds or Name of Brokerage Company

- a. Company _____
 - i. Number of Shares _____
 - ii. Ownership _____
 - iii. Current Market Value: \$ _____

4. Pension and Profit-Sharing Plans (including IRAs)

- a. Company _____
 - i. Designated Beneficiary _____
 - ii. Ownership _____
 - iii. Current Market Value: \$ _____

5. Tangible Personal Property

Please list any valuable items of personal property (e.g., collections, artwork, jewelry, silverware, equipment, etc.)

DISPOSITIVE PLAN

Please indicate how you would like your property to be distributed after your death.

1. Specific Bequests:
 - a. Real Property: _____
 - b. Automobile/s: _____
 - c. Household Goods: _____
 - d. Furniture: _____
 - e. Clothing: _____
 - f. Jewelry: _____
 - g. Collections: _____
 - h. Pictures/Videos: _____
 - i. List Specific Items:
 - i. _____
 - ii. _____
 - iii. _____

2. Residuary Estate (whatever you did not specifically give to a specific person will be placed in a category referred to as your Residuary Estate. For these items, how would you like this category to be distributed?)

3. If any of your children are below the age of 18 years, who do you want to nominate as a Guardian? _____

4. Whom do you want to nominate as a personal representative(s) of your Will? Please state that person's name and provide his/her current address:

5. Do you want to name an alternate personal representative? Please state that person's name and provide his/her current address:

6. Do you want to include burial instructions in your will? Please state your wishes: _____

QUESTIONS FOR PREPARING A DURABLE POWER OF ATTORNEY

A Power of Attorney is used to appoint a person to act for you in certain situations. This person is called your **agent** or your **attorney-in-fact**. A Durable Power of Attorney is one type of power of attorney that gives your agent broad powers to act on your behalf until you revoke it. The Durable Power of Attorney also ends when you die.

Under the Durable Power of Attorney, you can nominate a Conservator and Guardian in case you become incapacitated and require more than a Durable Power of Attorney to manage your finances and legal decisions and care. A Durable Power of Attorney can take effect as soon as you sign it or at a later date and time, or when you become incapacitated.

1. YOUR AGENT OR ATTORNEY-IN-FACT: Who do you want to be your Agent or Attorney-in-Fact:

A. Primary Agent/s:

Name: _____

Address: _____

Relationship to you: _____

Name: _____

Address: _____

Relationship to you: _____

B. If you named 2 Agents do you want:

_____ Each of them can act separately _____ Both must act together

C. Alternate Agent – If the primary Agent cannot perform his/her duties do you want to designate an Alternate Agent?

Name: _____

Address: _____

Relationship to you: _____

2. RESTRICTIONS

Do you wish to limit your power of attorney so that your Agent(s) is restricted to only dealing with certain assets? *For example, you only want your Agent to manage a certain bank account or manage your residential home, etc.*

Please check one of the following:

_____ No Restrictions

_____ Restricted only to: _____

3. Scope and Extent of Powers Granted by the General Power of Attorney (check any of the following):

Personal Finances: This gives your Agent the ability to withdraw and deposit funds from bank accounts belonging to you, to enter and remove contents of all safe deposit boxes rented by you, receive money owed or belonging to you, loan money on your behalf, etc.

Real Property: This gives your Agent the ability to purchase real property on your behalf or sell, lease, subdivide, convey, mortgage, litigate, insure, transfer, encumber, etc. any interest you have in real property.

Personal Property: This gives your Agent the ability to buy personal property on your behalf or sell, exchange, transfer, litigate, insure, encumber, etc. your personal property.

Business Transactions: This gives your Agent the ability to sign and execute any vote, approval, opposition, termination, investment, disposition, lease, indemnity, agreement, bill of sale, bond, check, release, etc. on your behalf for any of your business interest/decisions you may have.

To Do and Perform Every and All Acts Required: This is the catch all for your Agent to cover all necessary or appropriate actions which you would do if personally present, and not otherwise specifically outlined in your General Power of Attorney.

Other (Please explain in detail):

4. TIME LIMITS

Do you want to limit this Power of Attorney to a certain time period?

No; Power of Attorney will be in effect until I revoke it or until the date of my death.

Yes; Power of Attorney will be in effect for _____ months/years.

5. DATE POWER OF ATTORNEY BECOMES EFFECTIVE

When do you want the Power of Attorney to come into effect?

Immediately.

Only when 2 physicians deem me incapable of managing my affairs.

QUESTIONS FOR PREPARING AN ADVANCE HEALTH CARE DIRECTIVE

An **Advance Health-Care Directive** (previously called or known as a “Living Will” or “Power of Attorney for Health Care”) makes your wishes known to your family, close friends and doctors regarding life support in the event you become terminally ill or injured with no hope of recovery and are unable to communicate your wishes.

It also allows you to name a healthcare attorney-in-fact who would have the ability to, for example, make medical decisions for you in the event you are unable to, access your medical records and deal with your insurance company and doctors. Please list the names of the person(s) you would like to be your healthcare attorney-in-fact and at least two alternate attorneys-in-fact.

PART I: Power of Attorney for Health Care

PRIMARY AGENT: Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ Relationship to you: _____

ALTERNATE AGENT #1: Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ Relationship to you: _____

ALTERNATE AGENT #2: Full Name (First, Middle, Last): _____

Address: _____

Home Phone No. _____ Cell Phone No. _____ Relationship to you: _____

AGENT’S AUTHORITY: Make all health care decisions for you including:

Please check all that apply:

- To be as broad as possible: I want my agent to be able to make decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, to make decisions regarding treatment
- To communicate with, select and discharge from health care facilities
- To receive or consent to the release of medical information and records in accordance with HIPAA and other Federal health care laws.
- I want my agent’s authority to be limited to: _____

AGENT'S AUTHORITY BECOMES EFFECTIVE

- ___ When my primary physician determines that I am unable to make my own health care decisions
- ___ Takes effect immediately – But I still retain the right to make decisions as long as I have the capacity.

PRIMARY CARE PHYSICIAN / HOSPITAL PREFERENCE:

I wish to include information about my Primary care Physician/preferred hospital for care:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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PART II: Individual Instructions:

END-OF-LIFE DECISIONS: LIFE SUPPORT

- ___ Choice **Not to** Prolong Life if:
 - 1) I have an incurable and irreversible condition that will result in my death within a relatively short time,
 - 2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or
 - 3) I have a brain damage or brain disease and the likely risks and burdens of treatment would outweigh the expected benefits.
- ___ Choice **to Prolong Life**. I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.
- ___ I want to **leave that decision up to my Agent** to make.

ARTIFICIAL NUTRITION AND HYDRATION: Tube feeding and IV fluids

- ___ I want artificial nutrition and hydration regardless of my decision on life support and end of life decisions.
- ___ I don't want artificial nutrition and hydration.
- ___ If I do not have a life-threatening condition, but artificial nutrition and hydration is necessary, I would like to receive artificial nutrition and hydration.

HOSPICE CARE:

- ___ I would like to receive Hospice care, if such care is necessary
- ___ I DO NOT want to receive Hospice care.

PAIN MEDICATION:

_____ I want treatment to alleviate pain or discomfort, even if it hastens my death.

DONATION OF ORGANS AT DEATH (Optional)

A. Upon your death (please check all that apply):

_____ You wish give any needed organs, tissues, or parts

_____ You wish give the following organs, tissue, or parts only: _____

_____ You Do NOT wish to donate, organs, tissues, or parts

B. If you are donating, please indicate for what purpose (please check all that apply):

_____ Transplant

_____ Therapy

_____ Research

_____ Education

SPECIAL REQUESTS/ RELIGIOUS PREFERENCE:
