

# Estate Planning Questionnaire 2015

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Date:  
Referred By:

Client Name:  
Date of Birth:  
Social Security Number:

Client Name:  
Date of Birth:  
Social Security Number:

Address:

Address:

Own:  Yes  No

Own:  Yes  No

Home Phone:  
Work Phone:  
Client Email:  
U.S. Citizen:  Yes  No

Home Phone:  
Work Phone:  
Client Email:  
U.S. Citizen:  Yes  No

Do you own other real estate besides your home?  Yes  No  
If yes, provide the address for each such property:

## **Children**

1. Child's Full Name:
  - a. Date of Birth:
  - b. Does this child reside with you?  Yes  No
  - c. If no, child's address:
  
2. Child's Full Name:
  - a. Date of Birth:
  - b. Does this child reside with you?  Yes  No
  - c. If no, child's address:
  
3. Child's Full Name:
  - a. Date of Birth:
  - b. Does this child reside with you?  Yes  No
  - c. If no, child's address:
  
4. Child's Full Name:
  - a. Date of Birth:
  - b. Does this child reside with you?  Yes  No
  - c. If no, child's address:

## **Distribution of Estate**

Should your estate go to your children?  Yes  No

If yes, should the estate be given to all children in equal shares?  Yes  No

At what age or ages? You may choose to have the state distributed all at once, upon each child attaining a certain age, or at two or three intervals thereafter.

Age at initial distribution:

Age at second distribution:

Age at third distribution:

If the estate should be distributed in unequal shares, please specify how you wish distribution to occur:

If your children predeceased you, do you want their shares of the estate to go to their children (your grandchildren)?  Yes  No

If no, or if you do not have children, how should your estate be distributed upon your death? Explain:

Do you wish to leave any fits to charity?  Yes  No

Name and address of charity:

Do you wish to leave any items of personal property to specific people?  Yes  No

If yes, identify each item with specificity and provide the name and relationship of the recipient:

Do you wish to disinherit anyone?  Yes  No

If yes, please provide the name, relationship, and reason for disinheritance:

**Trustees/Executors**

Please provide the names and addresses of additional trustees/executors in order of preference:

1. Name and Address:

a. Relationship:

2. Name and Address:

a. Relationship:

3. Name and Address:

a. Relationship:

Is there anyone who should not be appointed trustee/executor?  Yes  No

If yes, please provide the name, relationship, and reason of the individuals(s):

**Guardians of Minor Children**

If you have children under the age of 18 years, you may designate guardians of the person and the estate of each child. The guardian of the person is responsible for the day-to-day care of the children. The guardian of the state is responsible for managing any estate of the minor children may have at the time of your death. You may choose the same person or persons to act as guardian of the person and estate or you may choose different people to act in each capacity. Please indicate your appointments in order of preference:

1. Name(s) and Address:

a. Relationship:

2. Name(s) and Address:

a. Relationship:

3. Name(s) and Address:

a. Relationship:

Is there anyone who should not be appointed guardian?  Yes  No

If yes, please provide the name, relationship, and reason of the individuals(s):

**Management of Finances for Husband:**

Do you wish to appoint your spouse as the initial attorney in fact to act on your behalf in the event that you are incapable of managing your financial affairs?  Yes  No

Please provide the names and addresses of additional or alternative attorneys in fact in order of preference:

1. Name and Address:

a. Relationship:

2. Name and Address:

a. Relationship:

**Management of Finances for Spouse:**

Do you wish to appoint your spouse as the initial attorney in fact to act on your behalf in the event that you are incapable of managing your financial affairs?  Yes  No

Please provide the names and addresses of additional or alternative attorneys in fact in order of preference:

1. Name and Address:

a. Relationship:

2. Name and Address:

a. Relationship:

**Health Care Directive for Husband**

Do you wish to appoint your spouse as the initial attorney in fact to act on your behalf in the event that you are incapable of managing your financial affairs?  Yes  No

Please provide the names and addresses of additional or alternative attorneys in fact in order of preference:

1. Name and Address:

a. Relationship:

2. Name and Address:

a. Relationship:

Do you wish to donate any organs upon your death?  Yes  No

If yes, do you wish to limit the purpose of donation?  Yes  No

Explain:

Any Exceptions:

With respect to end of life decisions, please review the attached explanations of end of life options and the desired option below and indicate your preference by reference of the option number provided. If you would like to provide additional details, please include on a separate piece of paper.

Option Number:

**Health Care Directive for Spouse**

Do you wish to appoint your spouse as the initial attorney in fact to act on your behalf in the event that you are incapable of managing your financial affairs?  Yes  No

Please provide the names and addresses of additional or alternative attorneys in fact in order of preference:

1. Name and Address:

a. Relationship:

2. Name and Address:

a. Relationship:

Do you wish to donate any organs upon your death?  Yes  No

If yes, do you wish to limit the purpose of donation?  Yes  No

Explain:

Any Exceptions:

With respect to end of life decisions, please review the attached explanations of end of life options and the desired option below and indicate your preference by reference of the option number provided. If you would like to provide additional details, please include on a separate piece of paper.

Option Number:

### **Option 1: No Treatment Which Merely Prolongs Inevitable Death**

If I ever fall into a persistently vegetative state, you are directed to reduce my misery as painlessly as possible. I recognize the modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life and my death is likely to occur within several months, or if I require life support as the result of an irreversible condition, even if that life support might prolong my life for a sustained period.

Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits.

By “an irreversible coma,” I mean a coma form which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provisions (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life.

### **Option 2: Senile**

If I become senile, you are directed to let me die naturally and without any extraordinary medical treatment. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires.

### **Option 3: No CPR**

If I am in an irreversible coma or persistent vegetative state, I **DO NOT** want any form of CPR.

### **Option 4: No Treatment**

If I am already in an irreversible coma or persistent vegetative state and I develop some other illness or condition for which a course of treatment would be considered, I do not want any additional treatment to be initiated (for example if I am in an irreversible coma and it is subsequently discovered that I have cancer, I do not want chemotherapy and/or radiation).



**Special Instructions or Conditions:**

In the space provided on the next two (2) pages, please describe or list any special instructions or conditions for your estate plan and/or trust that were not covered by this questionnaire.

**Special Instructions or Conditions (Continued):**