

## Essential Needs for Estate Planning

This questionnaire is intended to identify your essential needs for estate planning. Please understand that our firm will focus on providing the essentials of your estate plan. If you believe there are more complex issues you wish to discuss, you are welcome to schedule a consultation with our office at our standard fee. Otherwise, you are welcome to complete this questionnaire and submit it to our office for a free evaluation and recommendations concerning your estate planning.

### 1. Basic Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

U.S. Citizen:  Yes  No

### 2. Are you married?

Yes/No \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

U.S. Citizen:  Yes  No

### 3. Do you have children?

Name	Age	Date of Birth	Male/Female

**4. Net Worth**

Married couples: Do you have a net worth over 10.98 million dollars?

Yes/No: \_\_\_\_\_

Single person: Do you have a net worth over 5.49 million dollars?

Yes/No: \_\_\_\_\_

**5. Do you own real property?**

Address	Mortgage Owed	Value of Equity

**6. Do you have qualified retirement accounts? (IRAs/401ks)**

Value of Husband's accounts: \_\_\_\_\_

Value of Wife's accounts: \_\_\_\_\_

**7. What is the value of your life insurance?**

Husband's life insurance: \_\_\_\_\_

Wife's life insurance: \_\_\_\_\_

**8. Is it each spouses' desire that their estate would first be left entirely to the other spouse?**

Yes/No: \_\_\_\_\_

If not, please explain:

---

---

---

**9. Do you wish to leave your estate in equal shares to your children?**

Yes/No: \_\_\_\_\_

If not, please explain:

---

---

---

**10. If one of your children were to pass, is it your desire that their share pass to their children, if any?**

Yes/No: \_\_\_\_\_

If not, please explain:

---

---

---

**11. Do you have concerns about your children and/or grandchildren receiving their inheritance outright, in a lump sum?**

Yes/No: \_\_\_\_\_

**12. Is it your desire that any inheritance for children or grandchildren be distributed over time?**

Yes/No: \_\_\_\_\_

If yes, how would you want their distribution spread over time?

---

---

---

---

---

---

**13. Is it your desire that some or all inheritance left to your children and/or grandchildren be used only for specific purposes?**

Yes/No: \_\_\_\_\_

Use	Maximum Amount	Conditions
College education		
Medical needs		
Starting a business		
Wedding		
Purchase a home		
Wage match		

**14. Are any of your children or grandchildren special needs? Specifically, are they receiving any type of government benefits based upon disability?**

Yes/No: \_\_\_\_\_

If yes, please explain:

---

---

---

**15. Is it your desire that any portion of your estate be left to a charity, college, or other entity?**

Yes/No: \_\_\_\_\_

Entity	Amount or Percentage

**16. In the event your beneficiaries were to predecease you, what would you like to do with your estate?**

---

---

---

---

---

---

---

**17. Please list three people, in order of priority, you would choose to manage your financial affairs if you are disabled (typically the first is a spouse, if applicable):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**18. Please list the spouse's choice for three individuals, in order of priority, to manage the spouse's financial affairs if they were disabled:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**19. Please list three people, in order of priority, you would choose to manage your medical affairs if you are disabled (typically the first is a spouse, if applicable):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**20. Please list the spouse's choice for three individuals, in order of priority, to manage the spouse's medical affairs if they were disabled:**

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_

**21. Please list, in order of priority, the top three individuals to manage you and your spouse's estate if you were both to die:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**22. Please identify any other facts or issues that are of concern to you regarding your estate planning:**

---

---

---

---

---

---