

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:
