

THE ESTATE PLANNING & ELDER LAW FIRM, P.C.
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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
(Please write "N/A" when not applicable)

Full Name (1) _____ U.S. Citizen? Yes ___ No ___
(2) _____ U.S. Citizen? Yes ___ No ___
Home Address _____
City _____ State _____ Zip _____ County _____
Home Telephone _____
Work Telephone (1) _____ (2) _____
E-Mail (1) _____ (2) _____
Date of Birth (1) _____ (2) _____
Social Security No. (1) _____ (2) _____
Occupation (1) _____ Annual Income _____
(2) _____ Annual Income _____

Children: Please indicate name and date of birth of your children.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Who should receive your estate upon your death? Please include their full names and relationship if any.

Name of Beneficiary	Relationship(if any)
Amount/Percentage	
1. _____	_____
2. _____	_____

3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(For additional space please use the back of this sheet)

If you have **MINOR CHILDREN**:

- a. Whom do you wish to nominate as the **GUARDIAN(S)** and **SUCCESSOR GUARDIAN(S)** for your minor children? Please include full names and relationship if any.

GUARDIAN: _____

SUCCESSOR GUARDIAN: _____

- b. Do you want a trust created at the death of both parents to hold funds for the benefit of your children until they reach a mature age? _____ Yes _____ No

- c. At what ages do you wish the trust assets to be distributed to the children outright.

_____ (1/4) one-quarter at 25, (1/4) one-quarter at 30 and balance at 35.

_____ Other _____

Who shall serve as Trustee for the Children's Trust?

LAST WILL & TESTAMENT: Whom do you wish to serve as the **EXECUTOR/PERSONAL REPRESENTATIVE** and **SUCCESSOR EXECUTOR(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Executors.

EXECUTOR: _____

SUCCESSOR EXECUTOR(S): _____

REVOCABLE LIVING TRUST: Other than yourself, whom do you wish to serve as **TRUSTEE** and **SUCCESSOR TRUSTEE(S)** of the Trust? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Trustees.

TRUSTEE: _____

SUCCESSOR TRUSTEE(S): _____

DURABLE GENERAL FINANCIAL POWER OF ATTORNEY: If you become unable to manage your **FINANCIAL** matters, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

AGENT: _____

SUCCESSOR AGENT(S): _____

HEALTH CARE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE. In the event that you are unable to make **MEDICAL** decisions for yourself, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

AGENT: _____

SUCCESSOR AGENT(S): _____

NAME/SOURCE OF REFERRAL: _____

NAME OF ACCOUNTANT/CPA: _____

NAME OF FINANCIAL PLANNER: _____

DO YOU HAVE LONG TERM CARE INSURANCE? _____ YES _____ NO

This information is true and accurate to be best of my knowledge and belief.

Date: _____

Date: _____

PLEASE INDICATE APPROXIMATE VALUE OF EACH ITEM

	JOINT TITLE	INDIVIDUAL TITLE (1)	INDIVIDUAL TITLE (2)
Home Residence			
Other Real Estate			
Other Real Estate			
Savings Account			
Checking Account			
Money Market Funds			
Cert. of Deposit			
Stock			
Mutual Funds			
Bonds			
Bond Funds			
Other Marketable Securities			
Business Assets			
Sub S-Corps.			
Closely Held Business			
Partnership Interests			
Notes Receivable			
Annuities			
Life insurance – Death Benefits (indicate whether term or whole life)			
IRA's			
Pension Plans			
Interests in Trusts			
Anticipated Gifts/Inheritances			
Vehicles			
Other Assets			
Total Assets			
Home Mortgage			
Other Mortgage			
Personal Debt			
Auto Loans			
Other Debt			
Total Liabilities			
Net Worth			

Please check the appropriate statement:

- a. ___ To the best of our knowledge, **our total assets, including life insurance, do not presently exceed \$2,000,000** nor are our total assets likely to exceed \$2,000,000 in the near future.
- b. ___ As of the date above **our total assets exceed \$2,000,000.**

**ALL INFORMATION SUPPLIED IN THIS QUESTIONNAIRE
SHALL BE TREATED AS STRICTLY CONFIDENTIAL**