



A T T I S H A L E G A L
P L L C

ESTATE PLANNING QUESTIONNAIRE

Explanation

The purpose of this Questionnaire is to record information that will be used to prepare your estate plan, including a Will and/or Trust Agreement. It is important to keep in mind that the information you provide in this Questionnaire MUST be accurate in order for us to correctly protect your assets and avoid mistakes.

Your time spent on accurately completing this Questionnaire will certainly save all parties a considerable amount of time, effort and confusion later on.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

ESTATE PLANNING INFORMATION

General Information

CLIENT

Full Legal Name: _____

Address: _____

Home Phone : _____ Cell Phone _____

United States Citizen: Yes _____ No _____

Date of Birth: _____

Employer: _____

Business Address: _____

SPOUSE

Name: _____

Full Legal Name: _____

United States Citizen: Yes _____ No _____

Date of Birth: _____

Employer: _____

Business Address: _____

CHILDREN

Name, Address and Phone Number

Birthdate

a. _____

b. _____

c. _____

d. _____

BANK ACCOUNTS

Name of Bank Checking

Name of Bank Savings

Name of Bank Certificates of Deposit

Safety Deposit Box Location _____

REAL ESTATE

Parcel No. 1

Address: _____

Legal Description: **(PLEASE ATTACH COPY OF PROPERTY TAX STATEMENT)**

Ownership ___ Joint ___ Client ___ Spouse

Title Owner (s): _____

Date Acquired _____

Current Market Value: _____

Mortgages, Liens: _____

Parcel No. 2

Address: _____

Legal Description: **(PLEASE ATTACH COPY OF PROPERTY TAX STATEMENT)**

Ownership ___ Joint ___ Client ___ Spouse

Title Owner (s): _____

Date Acquired _____

Current Market Value: _____

Mortgages, Liens: _____

INVESTMENTS

Your Financial Consultant (Stock Broker's Company):

CLOSELY HELD BUSINESS INTERESTS

Name: _____ Percentage Owned: _____

Type of Entity:

Corporation _____ Limited Liability Company or Partnership _____ Sole Proprietorship _____

LIFE INSURANCE

Provided by Employer

	<u>Policy #1</u>	<u>Policy #2</u>
Company	_____	_____
Policy #	_____	_____
Type	_____	_____
Insured(s)	_____	_____
Owner	_____	_____
Beneficiary(s)	_____	_____
Contingent Beneficiary(s)	_____	_____
Face Value	_____	_____

PLANNING AND DISTRIBUTION OBJECTIVES

1. Upon your death, how and to whom do you want your asset distributed?

2. Are there any people who should receive particular items? If so:

<u>Name</u>	<u>Item</u>
_____	_____
_____	_____
_____	_____

3. If you die first and none of your children are living at the time of your spouse's death, do you want your estate to go to: Your Family _____

4. Elsewhere Explain? _____

Wills

Personal Representative: Person responsible for administering your estate and probate proceedings.

<u>Name</u>	<u>Address</u>
1 st choice _____	_____

2 nd choice _____	_____

Guardian: Person responsible for the well-being and daily care of your minor children, until they attain age 18, if both parents are deceased.

<u>Name</u>	<u>Address</u>
1 st choice _____	_____

2 nd choice _____	_____

Conservator: Person who will manage any minor child's finances and property, until that child attains the age 18, if both parents are deceased.

	<u>Name</u>	<u>Address</u>
1 st choice	_____	_____ _____
2 nd choice	_____	_____ _____

Trustee: Person or bank that will manage your assets in trust and distribute after your death.

	<u>Name</u>	<u>Address</u>
1 st choice	_____	_____ _____
2 nd choice	_____	_____ _____

HEALTH CARE DIRECTIVE

Patient Advocate: If you are no longer able to make decisions on your own behalf because of illness or incapacity, who would you like to appoint to make health care decisions on your behalf:

	<u>Name</u>	<u>Address</u>
1 st choice	_____	_____ _____
2 nd choice	_____	_____ _____

DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS

Attorney in Fact: If you are no longer able to make financial decisions on your own behalf because of illness or incapacity, who would you like to appoint to make financial decisions for you:

<u>Name</u>	<u>Address</u>
1 st choice _____	_____

2 nd choice _____	_____
