

WALENTINE O'TOOLE, LLP



Attorneys at Law

Date: _____

ESTATE PLANNING QUESTIONNAIRE – HUSBAND AND WIFE
(CONFIDENTIAL)

SECTION I. GENERAL INFORMATION

A. **Personal Information (Husband):**

- 1. Full Name: _____
- 2. Any other name(s) used: _____
- 3. Date of Birth: _____
- 4. Social Security Number: _____
- 5. Street Address: _____
- 6. City, State & Zip: _____
- 7. County of Residence: _____
- 8. Home Telephone Number: _____
- 9. Cell Phone Number: _____
- 10. Employer: _____
- 11. Occupation: _____
- 12. Work Telephone Number: _____
- 13. Preferred e-mail address: _____
- 14. Any prior marriages? If so, state name(s) of former spouse(s), date, county and state of final dissolution of marriage: _____

Are you a U.S. citizen? Yes No

B. **Personal Information (Wife):**

- 1. Full Name: _____
- 2. Any other name(s) used: _____
- 3. Date of Birth: _____
- 4. Social Security Number: _____

5. Street Address: _____
6. City, State & Zip: _____
7. County of Residence: _____
8. Home Telephone Number: _____
9. Cell Phone Number: _____
10. Employer: _____
11. Occupation: _____
12. Work Telephone Number: _____
13. Preferred e-mail address: _____
14. Any prior marriages? If so, state name(s) of former spouse(s), date, county and state of final dissolution of marriage: _____

Are you a U.S. citizen? Yes No

- C. **Children:** (If you have no children, skip to Section II.)
Please complete *whether or not* you intend all or any of your children to receive any portion of your estate. Please complete for each child; if more than three, attach additional pages.

Child 1:

1. Full Name: _____
2. Child's Spouse's Name: _____
3. Child's Date of Birth: _____
4. Child's Address (if different than yours): _____
5. Child's Telephone Number: _____
6. Child's Social Security Number: _____
7. If this child is only your child or your spouse's child, state the name of the child's other parent: _____

Child 2:

1. Full Name: _____
2. Child's Spouse's Name: _____
3. Child's Date of Birth: _____
4. Child's Address (if different than yours): _____
5. Child's Telephone Number: _____
6. Child's Social Security Number: _____
7. If this child is only your child or your spouse's child, state the name of the child's other parent: _____

Child 3:

1. Full Name: _____
2. Child's Spouse's Name: _____
3. Child's Date of Birth: _____
4. Child's Address (if different than yours): _____
5. Child's Telephone Number: _____
6. Child's Social Security Number: _____
7. If this child is only your child or your spouse's child, state the name of the child's other parent: _____

Do you have any deceased children? Yes No

If yes, please give their name(s) and whether or not they had children.

SECTION II. FINANCIAL INFORMATION

A. Please list all property now owned by you and your spouse, and indicate how title is held. Attach additional pages if necessary OR attach financial/account statements. Examples of property to be listed include checking and savings accounts; CDs; non-retirement brokerage accounts; stocks; bonds; real estate; vehicles; boats; ownership interest in a limited liability company, corporation, or sole proprietorship; partnership interest (either general or limited) in a partnership; and any other significant assets you own.

Description of Asset and Account Number (if applicable)	Present Value	Amount of Encumbrance, if any	Titleholder: Joint (J) Husband (H) Wife (W) Trust (T)

Description of Asset and Account Number (if applicable)	Present Value	Amount of Encumbrance, if any	Titleholder: Joint (J) Husband (H) Wife (W) Trust (T)

B. Please list all pension, profit sharing, traditional and Roth IRAs, annuities, life insurance (including a policy you own on the life of another person), 401(k), 403(b), and any other retirement-type accounts.

Description of Account/Policy #	Value	Owner	Beneficiary	Contingent Beneficiary

C. Are you or your spouse the beneficiary of a trust, whether or not you presently receive any income from the trust? Yes No

D. **For Husband:** What is the total amount of life insurance on your life? \$_____.

Are any of the policies “whole life” (that is, do they have cash value which can be borrowed against) as opposed to term insurance? Yes No

E. **For Wife:** What is the total amount of life insurance on your life? \$_____.

Are any of the policies “whole life” (that is, do they have cash value which can be borrowed against) as opposed to term insurance? Yes No

SECTION III. CHOICE OF PERSONAL REPRESENTATIVE AND TRUSTEE

A *Personal Representative* is the person you name in your Will to administer your estate.

A *Trustee* is the person you appoint to administer assets in your trust (should you and your attorney determine that a trust is necessary).

You should carefully consider your choice as Personal Representative and Trustee.

1. You should trust him or her completely.
2. He or she should have enough maturity, common sense and business experience to handle your estate.
3. He or she should be of such an age and physical and mental condition that he or she is likely to be alive and able to act when needed.
4. Consider whether he or she will be able to get along with the beneficiaries of your estate and/or trust so that your purposes are most likely to be accomplished.

A. **Choice of Personal Representative (For Husband):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Personal Representative:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

B. **Choice of Trustee (For Husband):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Trustee:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

C. **Choice of Personal Representative (For Wife):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Personal Representative:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

B. Choice of Trustee (For Wife):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Trustee:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

SECTION IV. DESIRED DISTRIBUTION

This section deals with how you want your estate to be distributed upon your death.

Disposition of Estate:

Please describe how you want your estate to be distributed upon your death. In the case of a married couple who each want the surviving spouse to receive everything on the death of the first spouse, how do you want your estate to be distributed after the death of both of you? *Here are a few things to consider:*

1. Will you want the share that will or may go to any child or grandchild to remain in trust to avoid possible irresponsible spending by a young adult?
2. How old do you think a beneficiary should be before he/she receives all or part of the estate?
3. If one beneficiary (say, a child) dies before distribution to him or her, do you want his or her share to go to his or her children, if any, or to his or her sibling(s)?

Please describe your planned distribution, in your own words:

SECTION V. DURABLE POWER OF ATTORNEY

If you were unable to make financial decisions and manage financial and property affairs for yourself, who would you want to make those decisions and act on your behalf?

A. First Choice (For Husband):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Husband):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

B. **First Choice (For Wife):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Wife):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

SECTION VI. HEALTH CARE POWER OF ATTORNEY

If you were unable to make health care decisions for yourself, who would you want to make them for you?

A. **First Choice (For Husband):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Husband):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

B. **First Choice (For Wife):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Wife):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

SECTION VII. LIVING WILL

We suggest that you consider the execution of a Living Will, in which you express your intentions regarding life-sustaining treatment in the event that you are in a persistent vegetative state. If you are interested in having a Living Will, who would you want to carry out your intentions?

A. **First Choice (For Husband):**

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Husband):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____

5. Home Phone Number: _____
6. Alternate Phone Number: _____

B. First Choice (For Wife):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice (For Wife):

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

SECTION VIII. GUARDIAN/CONSERVATOR FOR MINOR CHILDREN *(if applicable)*

Should both parents die or become incapacitated while a child is under 19 years of age, a Guardian of the child's person and Conservator of the child's estate may be appointed by the Court. Normally, the Court will honor the parent's nomination. The Conservator of the estate may or may not be the same person as the Guardian of the person, and, in turn, may or may not be the same person as the child's trustee.

First Choice for Guardian:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice for Guardian:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

First Choice for Conservator:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

Alternate Choice for Conservator:

1. Full Name: _____
2. Relationship: _____
3. Street Address: _____
4. City, State & Zip: _____
5. Home Phone Number: _____
6. Alternate Phone Number: _____

IF OUR LAW FIRM REPRESENTS BOTH HUSBAND AND WIFE IN JOINT ESTATE PLANNING, YOUR ATTORNEY WILL DISCUSS POTENTIAL CONFLICTS OF INTEREST WITH YOU.

OUR LAW FIRM URGES YOU TO REVIEW YOUR WILL, TRUST, LIFE INSURANCE AND PENSION AND OTHER EMPLOYER BENEFIT PLANS, BENEFICIARIES AND RELATED ESTATE MATTERS AT LEAST ONCE A YEAR, AND WHENEVER THERE IS A SUBSTANTIAL CHANGE IN YOUR FAMILY OR OTHER BENEFICIARIES, DEATH OF A BENEFICIARY, OR SIMILAR CHANGE OF CIRCUMSTANCES.

Signature of Husband

Signature of Wife