

**I.**  
**ESTATE PLANNING QUESTIONNAIRE**

In preparation for your Estate Plan, the following is a list of questions indicating the information that will be needed

If you have not yet decided to go forward with preparing your Estate Plan, please review the form as a means of helping to identify general information that is needed for Estate Planning for future reference.

Full name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

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

Phone Number : \_\_\_\_\_

Email: \_\_\_\_\_

Previous/Deceased Spouse: \_\_\_\_\_

Children:

<u>Names</u>	<u>Age</u>	<u>DOB</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Deceased Children:

**II.**  
**TRUST QUESTIONNAIRE**

Unless otherwise indicated by you, you and your spouse will be designated as Co-Settlers and Co-Trustees, meaning you and your spouse created the Trust together, with property owned by the both of you, to be managed by the both of you during your lifetime.

The Trust will further indicate that in the event that one spouse passes, the other spouse will inherit the entire Trust estate as the primary beneficiary. However, in the event that both you and your spouse die together, please name individuals as Trustees to manage the Trust Estate for your minor children and/or other beneficiaries and distribute your estate according to the terms of the Trust Agreement.

1. Name of Initial Trustee: \_\_\_\_\_

a. Relationship to you: \_\_\_\_\_

2. Name of Alternate Trustee: \_\_\_\_\_

a. Relationship to you: \_\_\_\_\_

3. Name of Alternate Trustee: \_\_\_\_\_

a. Relationship to you: \_\_\_\_\_

4. Beneficiaries:

Name

Relationship to You

a. \_\_\_\_\_

b. \_\_\_\_\_

- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

5. Do you have life insurance? \_\_\_\_\_

a. If yes, what company do you have the life insurance through?  
\_\_\_\_\_

b. Exact name listed on the policy: \_\_\_\_\_

6. Does your spouse have life insurance? \_\_\_\_\_

a. If yes, what company does he/she have the life insurance through?  
\_\_\_\_\_

b. Exact name listed on the policy: \_\_\_\_\_

7. How is title held on your primary residence? (Your Deed will say)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. What is the legal description of the property (EX: Lot 34, Tract 12, Book 12, Pages 1-2)? (on your property tax bill or Deed)

**LOT:** \_\_\_\_\_  
**TRACT:** \_\_\_\_\_  
**MAP REFERENCE:** \_\_\_\_\_

**CENSUS TRACT:** \_\_\_\_\_

b. What is the APN or Assessor's Parcel Number of the property?  
(This is on your property tax bill): \_\_\_\_\_

8. Do you own any other real property? \_\_\_\_\_

a. If **yes**, please list the address, title, APN and legal description. If the property is out of state, I need to know what County it is in and an address or phone number of the County Recorder off of the property tax bill.

**LOT:** \_\_\_\_\_

**TRACT:** \_\_\_\_\_

**MAP REFERENCE:** \_\_\_\_\_

**CENSUS TRACT:** \_\_\_\_\_

**Assessor's Parcel Number:** \_\_\_\_\_

9. List the names of all banks and financial institutions you bank? (Ex. Merrill Lynch, Citibank, Bank of America, Smith Barney) and types of accounts:

	<u>Bank</u>	<u>Type of Account</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

10. In the event that you and your spouse die together, and you have children, at what age(s) do you want them to receive the money from your estate?

	<u>Name of Child</u>	<u>Age</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

11. Do you want to put any conditions on your children receiving the money?

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12. How do you want your estate to be divided between the beneficiaries?

	<u>Name of Beneficiary</u>	<u>Percentage of Estate or Specific Gift from Estate</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____

**III.**  
**WILL QUESTIONNAIRE**

In the event that you and your spouse do not want mirror/reciprocal wills, meaning wills that make similar provisions in favor of each other, then contact me and we will go over the specifics of each will. Otherwise, please complete the following.

1. Name of Initial Executor of the Will (distributes personal items outside of the trust (furniture, jewelry, etc.)- usually same person as Trustee): \_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

2. Name of Alternate Executor: \_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

3. Name of Alternate Executor: \_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

4. Name of Co-guardians for Minor Children:  
\_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

5. Name of Alternate Co-guardians for Minor Children:  
\_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

6. Name of Alternate Co-guardians for Minor Children:

\_\_\_\_\_

a. Relationship to You: \_\_\_\_\_

7. Please list your personal items and whether you would like a specific beneficiary to receive such items, or whether you want everything divided equally between your children/beneficiaries.

	<u>Item</u>	<u>Beneficiary</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____
m.	_____	_____
n.	_____	_____



**IV.**  
**ADVANCED HEALTH CARE DIRECTIVE QUESTIONNAIRE**

1. Name of Agent to make Health Care Decisions for you if your spouse is deceased or incapacitated (You and your spouse can choose different people): \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Telephone Number: \_\_\_\_\_
  - c. Relationship to You: \_\_\_\_\_
  
2. Name of Agent to make Health Care Decisions for your spouse if you are deceased or incapacitated: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Telephone Number: \_\_\_\_\_
  - c. Relationship to Your Spouse: \_\_\_\_\_
  
3. Name of Alternate Agent to make Health Care Decisions for you: \_\_\_\_\_
  - a. Address: \_\_\_\_\_
  - b. Telephone Number: \_\_\_\_\_
  - c. Relationship to You: \_\_\_\_\_
  
4. Name of Alternate Agent to make Health Care Decisions for your spouse: \_\_\_\_\_
  - a. Address: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

c. Relationship to Your Spouse: \_\_\_\_\_

5. Name of Alternate Agent to make Health Care Decisions for you:

\_\_\_\_\_

a. Address: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

c. Relationship to You: \_\_\_\_\_

6. Name of Alternate Agent to make Health Care Decisions for your spouse: \_\_\_\_\_

a. Address: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

c. Relationship to Your Spouse: \_\_\_\_\_

7. Do you want to donate your organs? \_\_\_\_\_

If so, please indicate which you prefer:

a. MAXIMUM DONATION AUTHORITY through which you authorize your agent to give any needed organs, tissues, or parts following your death: \_\_\_\_\_

b. LIMITED DONATION AUTHORITY through which you authorize your agent to give the following organs, tissues, or parts only following your death: \_\_\_\_\_

c. SPECIFIC PURPOSES. I authorize donations for the following purposes only:

- i. Transplant
- ii. Therapy
- iii. Research
- iv. Education

8. Does your spouse want to donate his/her organs? \_\_\_\_\_

If so, please indicate which he/she prefers:

a. MAXIMUM DONATION AUTHORITY through which you authorize your agent to give any needed organs, tissues, or parts following your death: \_\_\_\_\_

b. LIMITED DONATION AUTHORITY through which you authorize your agent to give the following organs, tissues, or parts only following your death:

\_\_\_\_\_

c. SPECIFIC PURPOSES. I authorize donations for the following purposes only:

- i. Transplant
- ii. Therapy
- iii. Research
- iv. Education

9. Do you want to be permanently kept alive on life support if you are in any of the following situations: \_\_\_\_\_

- a. I am in a coma or persistent vegetative state which two (2) qualified physicians who are familiar with my condition have diagnosed as irreversible (that is, there is no reasonable possibility that I will regain consciousness).

- b. I am terminally ill and the use of life sustaining procedures would only serve to artificially delay the moment of my death.
- c. I have an incurable and irreversible condition that will result in my death within a relatively short time.
- d. I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness.
- e. The likely risks and burdens of treatment outweigh the expected benefits. In such circumstances, I authorize my agent to sign a request to forego resuscitative measures, including a “Do Not Resuscitate” (“DNR”) form.

10. Does your spouse want to be permanently kept alive on life support if he/she is in any of the following situations: \_\_\_\_\_

- a. I am in a coma or persistent vegetative state which two (2) qualified physicians who are familiar with my condition have diagnosed as irreversible (that is, there is no reasonable possibility that I will regain consciousness).
- b. I am terminally ill and the use of life sustaining procedures would only serve to artificially delay the moment of my death.
- c. I have an incurable and irreversible condition that will result in my death within a relatively short time.
- d. I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness.
- e. The likely risks and burdens of treatment outweigh the expected benefits. In such circumstances, I authorize my agent to sign a request to forego resuscitative measures, including a “Do Not Resuscitate” (“DNR”) form.

11. Do you want treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens your death? Or, do you want certain restrictions as to administration of pain medication/treatment? If so, please indicate your restrictions.

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12. Does your spouse want treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens his/her death? Or, does he/she want certain restrictions as to administration of pain medication/treatment? If so, please indicate his/her restrictions.

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11. Do you want your spouse to be your conservator (take physical care of you)? \_\_\_\_\_

a. If not, or spouse unable to do so, name of initial Conservator:

b. Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Relationship to You: \_\_\_\_\_

12. Name of Alternate Conservator: \_\_\_\_\_

a. Address: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_

c. Relationship to You: \_\_\_\_\_

13. Name of Alternate Conservator: \_\_\_\_\_  
a. Address: \_\_\_\_\_  
b. Phone Number: \_\_\_\_\_  
c. Relationship to You: \_\_\_\_\_

14. Does your spouse want you to be his/her conservator?

\_\_\_\_\_

a. If not, or you are unable to do so, name of initial Conservator:

- b. Address: \_\_\_\_\_  
c. Phone Number: \_\_\_\_\_  
d. Relationship to Your Spouse: \_\_\_\_\_

15. Name of Alternate Conservator: \_\_\_\_\_  
d. Address: \_\_\_\_\_  
e. Phone Number: \_\_\_\_\_  
f. Relationship to Your Spouse: \_\_\_\_\_

16. Name of Alternate Conservator: \_\_\_\_\_  
a. Address: \_\_\_\_\_  
b. Phone Number: \_\_\_\_\_  
c. Relationship to Your Spouse: \_\_\_\_\_

**V.**  
**FINANCIAL POWER OF ATTORNEY**

1. Do you want your spouse to be your Financial Power of Attorney?

\_\_\_\_\_

a. If not, or your spouse is unable to do so, please name a  
Financial Power of Attorney (sign checks, pay your bills, etc.):

\_\_\_\_\_

b. Address: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

d. Relationship to You: \_\_\_\_\_

2. Name of Alternate Financial Power of Attorney:

\_\_\_\_\_

a. Address: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_

c. Relationship to You: \_\_\_\_\_

3. Name of Alternate Financial Power of Attorney:

\_\_\_\_\_

a. Address: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Relationship to You: \_\_\_\_\_

4. Does your spouse want you to be his/her Financial Power of  
Attorney? \_\_\_\_\_

a. If not, or you are unable to do so, please have your spouse name  
a Financial Power of Attorney (sign checks, pay bills, etc.):

\_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Relationship to Spouse: \_\_\_\_\_

5. Name of Alternate Financial Power of Attorney:

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- a. Address: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
  - c. Relationship to Spouse: \_\_\_\_\_

6. Name of Alternate Financial Power of Attorney:

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- a. Address: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
  - c. Relationship to Spouse: \_\_\_\_\_