

ESTATE PLANNING QUESTIONNAIRE

If you need additional space for any answers, please use Section (Q) below. You can use the “Tab” button on your keyboard to advance automatically to the next field or “Shift” + “Tab” to move backwards.

A. PERSONAL		
	Domestic Partner 1	Domestic Partner 2
1. Legal Name		
2. Other Names		
3. Addresses		
a. Home		
b. Work		
c. Mailing		
4. Telephone		
a. Home		
b. Work		
c. Cellular		
5. E-Mail Address		
6. Birthdate		
7. Domestic Partner Registration Date		
8. Registration City/State		
9. Citizenship		
10. Occupation		
11. Employer		

B. Prior Marriages or Committed Relationships (If Applicable)

	Domestic Partner 1	Domestic Partner 2
1. Former Spouse/Partner		
2. Marriage Date		
3. Date terminated		
4. Obligations to or from former spouse/partner		
5. Child Support		
6. Separate Maintenance		
In the event of prior divorce or dissolution, please provide a copy of the Decree of Dissolution and any related Agreements.		

C. Children and Dependents (Please indicate if child is of prior marriage or relationship)

1. Living Children	
a. Name	
Birthdate	
b. Name	
Birthdate	
c. Name	
Birthdate	
d. Name	
Birthdate	
e. Name	
Birthdate	
F. Name	
Birthdate	
g. Name	
Birthdate	
2. Deceased children	
a. Name	
Birthdate	
b. Name	
Birthdate	
c. Name	
Birthdate	
3. Are there any persons (other than minor children) who are partially or wholly dependent	

upon either partner for support now or possibly in the future?	
a. Name	
Birthdate	
b. Name	
Birthdate	
c. Name	
Birthdate	

D. PARTNER AGREEMENTS		
1. Have you ever executed a Community Property Agreement?	Yes	No
2. Have you ever executed any other agreements between partners/spouses regarding your property?	Yes	No
3. If yes, please furnish copies of the above agreements.		

E. TRUSTS		
1. Do you or any member of your family receive income from any trust?	Yes	No
2. If yes, please list the creators of the trusts below:		
3. Have you created a trust, except as part of a Will?	Yes	No
4. Does any family member expect to be named a beneficiary or remainderman of a trust?	Yes	No
5. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.		

F. INSURANCE		
1. If there are any life insurance policies in existence on the life of either of you, please provide the following information:		
a. Name of Company		
Type of Insurance		
Named Insured		
Death Benefit and cash surrender value	\$	
Designated Beneficiary(ies)		
b. Name of Company		
Type of Insurance		
Named Insured		
Death Benefit and cash surrender value	\$	
Designated Beneficiary(ies)		

c. Name of Company		
Type of Insurance		
Named Insured		
Death Benefit and cash surrender value	\$	
Designated Beneficiary(ies)		
d. Name of Company		
Type of Insurance		
Named Insured		
Death Benefit and cash surrender value	\$	
Designated Beneficiary(ies)		

G. JOINT TENANCY ASSETS

If you own any real or personal property as joint tenants with each other or third parties, please describe below:

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H. GIFTS AND INHERITANCES

1. Are you or your children likely to receive any gifts or inheritances?	Yes	No
2. If you plan to make regular gifts to any person, please describe:		
3. PRIOR GIFTS. Have you ever made gifts to any one person during a calendar year, the aggregate value of which (to the same person) exceeded:		
a. If gift was made before January 1, 1982 - \$3,000.00	Yes	No
b. If gift was made after December 31, 1981 - \$10,000.00	Yes	No
c. If gift was made after December 31, 2001 - \$11,000.00	Yes	No
d. If gift was made after December 31, 2008 - \$12,000.00	Yes	No
e. If gift was made after December 31, 2009 - \$13,000.00	Yes	No

4. GIFT TAX RETURNS. Have you ever filed any state or federal gift tax returns?	Yes No
If yes, list the type (federal or state, and if state, indicate which state) and the years for which filed, or ATTACH copies of the returns.	
5. SPLIT GIFT ELECTION. Have you ever filed a gift tax return making a “split gift election” with a former spouse if ever married, whereby you and your spouse agreed to treat all gifts made during the calendar year as made 50% by each spouse?	Yes No
If yes, list the type (federal or state, and if state, indicate which state) and the years for which filed, or ATTACH copies of the returns.	

I. PLANNING OBJECTIVES AND PRIORITIES
Please describe any significant estate planning objectives or priorities you have:

J. ASSET SCHEDULE (Please list and indicate if any asset is separate property of either partner; include the approximate current value.)

1. Real Property		Value of Property	Debt on Property
a.		\$	\$
b.		\$	\$
c.		\$	\$
d.		\$	\$
e.		\$	\$
2. Stocks and Bonds		Current Value	
a.		\$	
b.		\$	
c.		\$	
d.		\$	
e.		\$	
f.		\$	
g.		\$	
3. Checking/Savings		Current Value	
a.		\$	
b.		\$	
c.		\$	
d.		\$	
e.		\$	
4. Business Interests		Current Value	
a.		\$	
b.		\$	
c.		\$	
5. Retirement Programs			
Account Owner	Program Name	Current Value	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
6. Value of miscellaneous property (including furniture, furnishings, antiques, automobiles, boats, collectibles, etc.):		\$	

K. TENTATIVE WILL PROVISIONS

Domestic Partner 1

1. Personal Representative/Executor (Administers Will during probate)

First Choice:

Second Choice:

Third Choice:

2. Trustee of Children's Trust (Manages testamentary trust for benefit of children)

First Choice:

Second Choice:

Third Choice:

3. Guardian of Minor(s) (Raises children who are not yet 18 years of age)

First Choice:

Second Choice:

Third Choice:

Domestic Partner 2

1. Personal Representative/Executor (Administers Will during probate)

First Choice:

Second Choice:

Third Choice:

2. Trustee of Children's Trust (Manages testamentary trust for benefit of children)

First Choice:

Second Choice:

Third Choice:

3. Guardian of Minor(s) (Raises children who are not yet 18 years of age)

First Choice:

Second Choice:

Third Choice:

L. SPECIFIC BEQUESTS OF PROPERTY

Please list any specific bequests that you would like to make to individuals or groups:

M. RESIDUARY ESTATE BENEFICIARY(IES)

To whom do you intend to leave the remainder of your estate?

N. FUNERAL AND BURIAL ARRANGEMENT

(Note: I do not recommend that this provision be placed solely in the Will because the contents of a Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of death.)

What are your wishes as regards your funeral and burial arrangements?

Domestic Partner 1

Domestic Partner 2

O. OTHER PROVISIONS

Other specific provisions or information to be included in the Will, such as operation of or provision for family business, etc.

P. OTHER ESTATE PLANNING DOCUMENTS

1. **Durable Power of Attorney.** (The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incapacity of an individual. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incapacity. The Agent under the power of attorney steps into

the shoes of the Principal and can act on his or her behalf.)			
a. If you have previously executed a power of attorney, please provide a copy.			
b. If you do not have a power of attorney or wish to modify your existing power of attorney, please provide the following:			
c. Power of Attorney for Financial and Legal Affairs			
		Domestic Partner 1	Domestic Partner 2
First Choice:	Name:		
	Address:		
	Telephone #:		
Second Choice:	Name:		
	Address:		
	Telephone #:		
Third Choice:	Name:		
	Address:		
	Telephone #:		
<p>2. Power of Attorney for Health Care Decisions. This document will go hand-in-hand with a Health Care Directive (see below). The Agent designated is authorized to make health care decisions on behalf of the Principal if the Principal is incapacitated or legally incompetent.</p>			
a. If you have previously executed a power of attorney, please provide a copy.			
b. If you do not have a power of attorney or wish to modify your existing power of attorney, please provide the following:			

c. Power of Attorney for Health Care Decisions			
		Domestic Partner 1	Domestic Partner 2
First Choice:	Name:		
	Address:		
	Telephone #:		
Second Choice:	Name:		
	Address:		
	Telephone #:		
Third Choice:	Name:		
	Address:		
	Telephone #:		
<p>3. Health Care Directive. Signing a Health Care Directive (“Living Will”) will provide you with further control over the type and extent of medical care you receive in the event you are suffering from an irreversible coma or are in a persistent-vegetative state. In this document you make known to your physicians whether you wish to have your life artificially prolonged. You may place additional language in this document if you have specific concerns or directions.</p>			
Do you wish to have a Health Care Directive prepared or discussed further?			Yes No
4. Organ Donor Information. Do you wish to discuss organ donation?			Yes No
5. Gifts. Do you wish to discuss the possibility of gifts, either to individuals or charities, and the various tax saving possibilities?			Yes No
My possible charitable gifts are:			

Q. SPACE FOR ADDITIONAL ANSWERS
