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ESTATE PLANNING QUESTIONNAIRE

For Married Couple – Planning for Both

Completing this Questionnaire

This questionnaire is intended to assist me in beginning the process, with your input and direction, of planning the estates of you and your Spouse. It is important that you complete this Questionnaire and deliver it to me prior to our first meeting.

While some portions of this Questionnaire may not apply to you or your Spouse, please read each Section carefully and then complete as much information as you can.

Confidentiality

All information provided is protected by the duty of confidentiality owed by an attorney to an existing client or to a prospective client.

Questions

If you encounter any questions or problems while completing this questionnaire, please call me and I'll be happy to assist you. I look forward to working with you!

Who referred you to Clint J. Votruba, Esquire? _____

SPOUSE A Name: _____

SPOUSE B Name: _____

aka: _____

aka: _____

County, number years resided _____

County, number years resided _____

Date of Birth/Age: _____

Date of Birth/Age: _____

Social Security: _____

Social Security: _____

Citizenship: _____

Citizenship: _____

Home Address: _____

Home Address: _____

Telephone: (H) _____

Telephone:(H) _____

Email: _____

Email: _____

Marital History: _____

Marital History: _____

Parents' Name/Ages: _____

Parents' Names/Ages: _____

Children and Grandchildren: *Continue on back if necessary.*

Name	Address	Date of Birth	Spouse's Name

BENEFICIARIES

Provide a general description of the persons or organizations you wish to “benefit” from your estate. This could be all to your spouse or, if your spouse has died before you, equally to your children; a division between family and charity (50% to son and 50% to College); specific gifts (coins to Joe); etc.

SELECTING THE PEOPLE WHO WILL CARRY OUT YOUR ESTATE PLAN

In general, spouses select each other as the first person to serve and then they agree on a backup.

EXECUTOR

Person charged with administering/Probating your estate, paying taxes and/or other debts, preserving, managing, and distributing estate assets and property is called an Executor. This person should be on in whom you have trust and confidence. Your SPOUSE is usually named a primary Executor, followed by an adult child or relative who lives closed to you.

SPOUSE A Executor (in order of preference)

1. Name _____
Phone Number _____
Address _____
Relation to you _____

SPOUSE B Executor (in order of preference)

1. Name _____
Phone Number _____
Address _____
Relation to you _____

SECOND – CHOICE OF EXECUTOR

This individual will serve in the event that the primary Executor/Personal Representative is not alive at the time of your death or is unable or unwilling to serve.

SPOUSE A Second Choice of Executor (in order of preference)

1. Name _____
Phone Number _____
Address _____
Relation to you _____

SPOUSE B Second Choice of Executor (in order of preference)

1. Name _____
Phone Number _____
Address _____
Relation to you _____

GUARDIAN FOR PERSON AND ESTATE OF MINOR CHILDREN

The guardian you name for your minor children will have responsibility for the care of your children upon your death. If you decide to choose a married couple as co-guardians, you may wish to include a provision for a change in guardianship if the couple divorces.

GUARDIAN: Person responsible for minor children's ***person / physical custody***.

1. Initial Guardian's Name _____
Phone Number _____

Address _____

Relation to you _____

2. First Successor Guardian's Name _____

Phone Number _____

Address _____

Relation to you _____

GUARDIAN: Person responsible for custody of minor children's ***estate and property***.

1. Initial Guardian's Name _____

Phone Number _____

Address _____

Relation to you _____

2. First Successor Guardian's Name _____

Phone Number _____

Address _____

Relation to you _____

TRUSTEE

CHILD'S TRUST (with a will if there is minor children) – The person charged with administering your estate through your trust, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called a trustee. State the name and address of the person you wish to serve in this role Person responsible for any part of your estate left in trust.

1. Initial Trustee's Name _____

Phone Number _____

Address _____

Relation to you _____

2. First Successor Trustee's Name _____

Phone Number _____

Address _____

Relation to you _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

The agent you name under your power of attorney for health care will have authority to make decisions regarding your medical treatment and care, should you become unable to make these decisions yourself.

SPOUSE A Agents (in order of preference)

1. Name _____

Phone Number _____

Address _____

Relation to you _____

2. Name _____

Phone Number _____

Address _____

Relation to you _____

SPOUSE B Agents (in order of preference)

1. Name _____

Phone Number _____

Address _____

Relation to you _____

2. Name _____

Phone Number _____

Address _____

Relation to you _____

DURABLE POWER OF ATTORNEY FOR PROPERTY

The agent you name under your power of attorney for property will have authority to make decisions regarding your property. You may omit any addresses that you have already supplied.

SPOUSE A Agents (in order of preference)

1. Name _____

Phone Number _____

Address _____

Relation to you _____

2. Name _____

Phone Number _____

Address _____

Relation to you _____

SPOUSE B Agents (in order of preference)

1. Name _____

Phone Number _____

Address _____

Relation to you _____

2. Name _____

Phone Number _____

Address _____

Relation to you _____

SPECIAL PROVISIONS

Please list any special provision: (e.g., beneficiary with disability, immediate relative who you want to disinherit):

DISPOSITION INTENT

Please indicate how you want your estate distributed at your death, including any specific bequests:

If you have expressed an intent above to distribute any of your estate (e.g. specific bequests to individuals and/or charitable organizations) to persons or organizations who are not already described above, please list below their full name, address, telephone number and relation to you (e.g., sister, friend, cousin, etc.):

FINANCIAL BACKGROUND

The requested information will allow us to calculate potential estate tax liability. Please be as accurate as possible, but figures do not need to be accurate to the penny. If calculations are necessary, show them on the back of this page. Please round to the nearest thousand.

Assets	Spouse	Spouse	Jointly Owned
<i>Retirement Accounts (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Cash Accounts (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Marketable securities (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Notes/receivables</i>	\$	\$	\$
<i>Business you own (Please list)</i>			
	\$	\$	\$
<i>Home (Please list)</i>			
	\$	\$	\$
<i>Other real estate (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Life insurance (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<i>Furniture & furnishings</i>	\$	\$	\$
<i>Vehicles (Please list)</i>			
	\$	\$	\$
	\$	\$	\$
<i>Personal property (jewelry, art)</i>	\$	\$	\$
<i>Collections</i>	\$	\$	\$
<i>Other assets</i>	\$	\$	\$
TOTAL ASSETS:	\$	\$	\$

Liabilities	Spouse	Spouse	Jointly Owned
Mortgage on home	\$	\$	\$
Other mortgages	\$	\$	\$
Loans against life insurance	\$	\$	\$
Other debts (credit cards, loans, etc.)	\$	\$	\$
TOTAL LIABILITIES:	\$	\$	\$
Total assets less total liabilities:	\$	\$	\$
*TOTAL NET WORTH: (add all three columns)	\$		

*(If you sold everything for cash, paid off your bills, this is the amount you would have left over)

DEATH BENEFITS

List all life insurance policies that you own, that you are a beneficiary of, or other plans that pay out at your death.

Name of Policy or Plan	Death Benefit	Present Value	Beneficiary
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Please explain who owns the policy and how the proceeds are to be used:

OTHER INFORMATION

Have the following documents ever been drafted for you? Please check if yes.

Will	Spouse	Spouse
Trust(s)		
Living will		
Power of attorney		
Employment agreements		
Divorce decree		
Buy/sell agreements		
Asset appraisals		

Pre/post nuptial agreements

*Please provide copies of any documents to which you answered yes.

Please answer the following questions yes or no. If you answer yes, please provide a short explanation on the back of this page.

Do you have any obligations to provide for anyone in your will (e.g., per divorce decree)?

Yes

No

Do you own any property jointly with someone other than your spouse?

Are there any inheritances you expect to receive?

Do you have any safe deposit boxes?

Do you own any unique personal property which should be separately addressed in your estate plan (e.g., works of art, special collections, valuable gifts)?

Are you a beneficiary of anyone's Qualified Plan (IRA, SEP, 401K, etc.)?

Are you or your spouse receiving Social Security, disability, or other governmental benefits?

Are you or your spouse making payments pursuant to a divorce or property settlement order?

If married have you and your spouse signed a pre- or post-marriage contract (e.g. prenuptial agreement)? If so, please furnish a copy

Have you or your spouse signed a will, trust, or other estate planning legal documents? If so, please furnish copies of these documents

Do any of your children have special educational, medical, or physical needs?

Do you provide primary or other major financial support to adult children or others?

If you own a business, please describe:

Nature of business _____

Partnership or Corporation _____

How ownership is divided and between whom is it divided _____

If owned with relatives, how are you related: _____

Please provide the following information.

	Address	Phone
Accountant		
Life Insurance Agent		

Investment Advisor		
Trust Officer		
Commercial Banker		
Stockbroker		
Casualty Insurance Agent		