

ESTATE COUNSELING
QUESTIONNAIRE
FOR COUPLES

Client Information Questionnaire: Estate Counseling

1. You and Your Family (We'll call you "Client 1" and "Client 2")

A. Information about Client 1:

What name do you use on important papers? _____

Any other names I should know about? _____

Address: _____

Best Telephone: _____ Email address: _____

Gender: Male Female Age: _____ Date of Birth: _____

Current status: Married Registered Domestic Partners Unmarried

Have you ever been divorced? Yes No

U.S. citizen? Yes No (Citizen of what country? _____)

Name & phone number of your tax preparer: _____

Name & phone number of your financial adviser: _____

Name & phone number of your life insurance agent: _____

May I call your tax preparer, adviser, or insurance agent and ask any questions that come up? Yes No

How is your health?

Why are you doing this now? What do you hope to accomplish?

Do you already have a will or living trust? If yes, please bring copies.

B. Information About Client 2

Full name: _____

Any other names I should know about? _____

Do you and Client 1 live together? [] yes [] no

Best Telephone: _____ Email address: _____

Gender: [] Male [] Female Age: _____ Date of Birth: _____

Ever been divorced? [] Yes [] No

U.S. citizen? [] Yes [] No (Citizen of what country? _____)

How is your health?

Do you have anything to add to what your spouse wrote on page 1?

C. Marriage or Domestic Partnership

Date and place of marriage or DP registration: _____

Since this date, have you lived outside of California? [] Yes [] No

Do you have a pre-nuptial or post-nuptial agreement? [] Yes [] No

If so, please bring it with you to your appointment.

Are you separated or have either of you filed for divorce? [] Yes [] No

D. Information About Living Children

(1) Full name of child: _____ **Nickname?** _____

Sex: [] Male [] Female Date of birth: _____ Age: _____

Child is of: [] Current relationship Child lives: [] With us
[] Client 1 only [] Elsewhere
[] Client 2 only

If this child is an adult, please describe his or her economic situation:

Do you have any particular or special worries about this child?

F. Information About Deceased Children

Full name: _____ Date of birth and death: _____

Did your deceased child leave any children?

G. Grandchildren: Please list the names, ages, and names of parents of all your grandchildren.

H. Parents: Please state the names and ages of your parents, if living. Please estimate their financial situation, e.g. well off, comfortable, getting by, poor. Tell me where your parents live.

I. Siblings: Please identify all your siblings by name, date of birth, and where they live.

J. Dependants: Do you or your spouse have any dependants other than your minor children? (aged parents, grandchildren, disabled sibling, etc.)

[] yes [] no

K. Pets: Tell me about any pets you need to plan for.

L. Communication: Have you discussed your financial situation with your children or grandchildren? [] yes [] no

M. Anything Else: Is there anything else about your immediate or extended family that you think I ought to know?

Well done! You're done with the "family" section of the questionnaire. Next comes a harder part: filling me in on your economic situation and assets.

2. You and Your Finances

A. Employment: Are either of you employed? [] Yes [] No

If so, please identify your employer(s), the type of work, how long you have worked for your employer, and your monthly and yearly pay.

B. Other Income: Do the two of you have other sources of income?

C. Client-Owned Business: Do either of you own a business?

[] Yes [] No

D. Real Property: List address, type of property, value of the property, amount owed against it, and how title is held. Include timeshares.

 Please bring in a copy of all your deeds. **Have you ever done a lot-line adjustment or merged properties?** _____

Address and Type of Property: e.g. Bare Land, House, etc.	Name Everyone on Title	How is Title Held? e.g. Joint Tenancy, Tenants in Common	When did you buy it?	How much did you pay for it?	How much do you still owe?	What is it worth today?

Note: List out of state property, also.

E. Bank, credit union, or Savings and Loan accounts (not including IRAs or 401Ks):

Type of account (e.g., checking, savings, CD, money market)	At what institution is the account held?	How much do you usually have in the account?	Who's on title?	What do you use this account for?

F. Mutual Funds, Brokerage Accounts, etc. (do not list IRAs or 401ks)

Who is in charge of your account? Name & Phone, please!	What firm holds your account? What kind of account is it?	Current Value (approximate)	What are your plans for this account? What do you use it for?

G. Retirement benefits:

Please list all of your IRAs, Keogh plans, pension plans, profit-sharing plans, 401Ks, 403Bs, etc. Please estimate the current value. Please identify the beneficiary.

Type of Account (for example "Bill's IRA")	Where is it located?	Current Value	Beneficiary(s)

**H. Retirement plans: What do you want to do when you retire?
What will you have to live on?**

I. Stocks: Do you have any stock certificates? (This means the actual pieces of paper that are the stock shares. This does not mean stocks held in a brokerage account. I'll ask about those on the next page.)

[] Yes [] No

If you own stock certificates, please bring the original certificates to your appointment.

J. Life Insurance: Please identify all policies on the life of either of you.

Company issuing policy, policy #, and name of insured	Death benefit (payout)	Current cash value (if any)	Who is the beneficiary?

K. Health Insurance

Please tell me about your health insurance situation. Include whether your health insurance is dependant on someone's employment. What is your yearly "out of pocket" limit?

L. Disability Insurance:

Please identify all policies for disability that cover you. Please include the monthly benefit amount, policy number, and name of insuring company.

Name of Policy	Policy Number	Monthly Benefit	Waiting Period

M. Do you have Long Term Care Insurance? Do you have Medi-Gap insurance?

N. Does anyone owe you money? Who, and for what?

O. How much debt do you carry on a regular basis? Include credit card and business debt.

P. Are you the beneficiary of a trust? Yes No Explain:

Q. Personal property of unusual value: (including art work, transferable memberships, etc.)

R. Do you have a safe deposit box? Yes No

Where? What's in it? Whose name(s) are on the box?

S. Do you expect to inherit anything anytime soon? Yes No Explain.

T. Have you made any gift to any one person of more than \$12,000.00 in any one year? Yes No

U. Do either of you own any separate property? Please tell me about it.

V. What charities do you donate to now? Approximately how much do you give per month or per year?

W. Is there anything you think I should have asked you and haven't?

I rely on you to TELL me about all of your assets. Are there any assets that you haven't mentioned yet? It's important that I know about the asset, even if it is already set up to automatically go to someone upon your death!!

3. Figuring things Out: Last Section!!

This is where you tell me your thoughts about planning your estate. We'll talk about priorities, then you'll make some decisions.

Please prioritize these Estate Planning concerns in their order of importance to you: (Number 1 to 6)

Client 1 _____

Client 2 _____

_____ Tax reduction	_____ Tax reduction
_____ Taking care of myself in my old age	_____ Taking care of myself in my old age
_____ Taking care of my spouse in my old age	_____ Taking care of my spouse in my old age
_____ Taking care of my family after I die	_____ Taking care of my family after I die
_____ Leaving a legacy or giving to charity	_____ Leaving a legacy or giving to charity
_____ Other priority? What?	_____ Other priority? What?

Any comments you want to make about this?

Please consider this question: If you were to die within a year, what message would you want to send to your kids or family? How can your estate plan send that message?

Is there anyone in your immediate or extended family who yo fear will create conflict after you're gone?

Are you concerned that your family will fall apart after you die?

A. Who would you like to manage your financial affairs after you die, or if you become disabled?

This person may serve as your agent under a Durable Power of Attorney for Finances, as executor of your will, or as trustee of your trust. You may name more than one person to act together on your behalf.

1) Client 1

Client 2

First Choice (name address and phone)
(you may name your spouse as first choice)

First Choice (name address and phone)

Second Choice (name address and phone)

Second Choice (name address and phone)

Do you want to put in a requirement for your trustee or agent to account for his or her activities?

If you already have a Durable Power of Attorney for finances, please bring it in with you.

B. Who do you want to take care of your minor children if you die?

To raise them and give them a home? Where would they live?

To take care of their assets?

Do you have any concerns about this person/these people?

C. Do you want to make any special cash gifts after you die?

To whom given	How Much?	Any restrictions? (e.g., must be at least 18, only for education, etc.)
how to pay?		

D. Do you want to make any special gifts of personal property?

To whom given	What to give (describe clearly)	Any restrictions?
liens?		

E. To whom do you want the rest of your assets to go?

F. Do you expect anyone to be upset about your estate plan? [] Yes [] No

4. Medical Decisions in Case of Disability:

Unfortunately, dying isn't the only thing we have to worry about. Many of us will be disabled at some point toward the end of our lives, or even earlier, on a temporary basis, if we are injured. In this section we will explore some of the decisions that your agent may have to make for you if you are disabled.

A. Who would you like to make medical decisions for you if you become disabled?

You may name more than one person to act together on your behalf.

Client 1

Client 2

First Choice _____

First Choice _____

Best Phone Number: _____

Best Phone Number: _____

Second Choice _____

Second Choice _____

Best Phone Number: _____

Best Phone Number: _____

B. Would you want your agent to have FULL authority, that is, be able to make all of the same decisions you could make if you were competent?

Client 1:

Client 2:

C. Do you trust your selected agent absolutely? (If you have any reservations or concerns, this is the place to talk about them.)

Client 1:

Client 2:

D. Tell me how you feel about “pulling the plug.”

Client 1:

Client 2:

E. Tell me how you feel about using addictive drugs to ease pain?

Client 1:

Client 2:

F. Do you have any religious, moral or ethical beliefs that you would like spelled out in the document that gives your agent the power to make health care decisions for you?

Client 1:

Client 2:

G. If you developed Alzheimer's or other form of dementia, such that you no longer recognized your family or friends, and became incapable of feeding yourself, would you want to be given intravenous nutrition or hydration?

Client 1:

Client 2:

H. On your death, would you like to give away any of your organs, tissues or parts that could be of use? If there are limits to your desire to donate, please explain.

Client 1:

Client 2:

I. How would you like your remains disposed of when you die? Have you made any arrangements? With whom?

Well, you did it! You got through this mammoth questionnaire. Believe it or not, this was the hardest part of the whole process. I will see you at my office shortly.

MaryClare