

ESTATE COUNSELING

QUESTIONNAIRE

FOR ONE PERSON

Client Information Questionnaire: Estate Counseling

1. You and Your Family

A. Information about you:

What name do you use on important papers? _____

Any other names I should know about? _____

Address: _____

Telephone: _____ Email address: _____

Social security number: _____

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

Current family status: Married Unmarried Domestic Partner

Any previous marriages? Yes (How many? _____) No

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

Name & phone # of your tax preparer: _____

Name & phone # of your financial adviser: _____

Name & phone # 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.

May I thank the person who referred you to me?

B. Former Spouses

Please list the names of all former spouses or registered domestic partners and the year of death or dissolution of your relationship.

C. Significant Other: Are you currently in a committed non-marital relationship? With whom? For how long?

D. Information About Living Children

(1) Full name of child: _____

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

Name of other parent: _____

Child lives: With me
 Elsewhere

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

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

(2) Full name of child: _____

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

Name of other parent: _____

Child lives: With me
 Elsewhere

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

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

(3) Full name of child: _____

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

Name of other parent: _____

Child lives: With me
 Elsewhere

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

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

(Use other side for additional living children)

Are there any children with whom you have (or may have, or might have, or used to have) a parental relationship??? Explain.

Have you or your spouse banked any frozen sperm, eggs, or embryos?

E. Information About Deceased Children

Full name: _____

Date of birth and date of death: _____

Did this child die leaving any living children? Yes No

F. Relationships among adult children: If your children are adults, describe how they get along; how they work together; whether they like and trust each other.

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 have any dependants other than your children? (aged parents, grandchildren, disabled sibling, etc.)

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?

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. Please go to the next page.

2. You and Your Finances

A. Employment: Are 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 you have other sources of income?
[] Yes [] No

If so, please tell me about it.

C. Real Property: List all real estate in which you have an interest.

 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, Commercial, etc.	Who is on title?	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.

D. Bank and credit union accounts (not including IRAs, 401(k)s, or other retirement):

Type of account (e.g., checking, savings, CD, money market)	Location of account	Amount you usually have in the account	Who's on title?	What do you use this account for?

E. 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.

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

Where is it? Who is in charge of your account? Name & Phone, please!	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 your retirement assets, including IRA accounts, Keogh plans, pension plans, profit-sharing plans, 401K plans, 403B plans etc.

Type of Account	Name and Address of Manager	Current Value	Beneficiary(s)

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

I. Life Insurance: Please fill in the table.

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

J. 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?

K. 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 & Address of Company, Policy #	Monthly Benefit	Waiting Period

L. Do you have long term care insurance? Do you have Medi-Gap insurance?

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

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

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

P. Personal property of unusual value: (including art work, boats, collections, etc.)

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

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

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

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

T. What charities do you donate to now?

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 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 5, with 1 representing the most important.)

- _____ Tax reduction
- _____ Taking care of myself in my old age
- _____ Taking care of someone else in their old age
- _____ Taking care of my family after I die
- _____ Giving to charity

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?

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

First Choice (name address & phone)

Second Choice (name address & phone)

May I contact your named agent and invite him/her to a workshop for successor trustees and executors?

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?

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

F. If you had a million “extra” dollars that had to be given to charity, which charity(ies) would you donate to?

G. Do you expect anyone to be upset about your estate plan?

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.

First 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?

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

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

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

F. Do you have any religious, moral or ethical beliefs that you would like spelled out for your agent?

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.

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.

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. Reward yourself with something. You deserve it. I will see you at your appointment. Thanks for hanging in there!

MaryClare