ESTATE PLANNING QUESTIONNAIRE

Full Name: _____ DOB: _____

Spouse: _____ DOB: _____

Address: _____ Telephone Numbers:
City: _____ Home: _____
State: _____ Work: _____
Zip: _____ Cell: _____
Email: _____

CHILDREN:

Full Name	DOB	Married (Y/N)	Living (Y/N)

GRANDCHILDREN:

Full Name	DOB	Married (Y/N)	Living (Y/N)	Parents

1. Order of Personal Representatives (Note if requiring the Personal Representative to serve with bond):
   A. Original: (Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
   B. First Alternate:(Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
2. Order of Guardians for Minor Children (Can be one Guardian or two or more Co-Guardians):
   B. Original: (Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
   C. First Alternate:(Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
3. Order of Trustees for Minor Children *If different than Guardians named above:
   B. Original: (Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
   C. First Alternate:(Name) _____
   (Tel. No.) (Address) _____
   (Relationship) _____
4. Person(s) to act under Durable Power of Attorney:
   B. Original: (Name) _____
   (Tel. No.) (Address) _____
   C. First Alternate:(Name) _____
   (Tel. No.) (Address) _____
5. Person(s) to act under Durable Power of Attorney for Health Care:
   B. Original: (Name) _____
   (Tel. No.) (Address) _____
   C. First Alternate:(Name) _____
   (Tel. No.) (Address) _____

6. Please check the ONE option you prefer and fill in the Contingent Beneficiary blanks:

☐ **Option A: I want my assets to pass to my spouse and children as follows:**

- To my spouse, if surviving.
- If my spouse predeceases me, to my children in equal shares.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and decedents fail to survive me, I want my assets to be distributed as follows:
- Contingent Beneficiary(s):

_____

_____

☐ **Option B: I am unmarried with children and want my assets to pass as follows:**

- In equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event all of my children and decedents fail to survive me, I want my assets to be distributed as follows:
- Contingent Beneficiary(s):

_____

_____

☐ **Option C: None of the above. I want my assets to pass as follows:**

_____

_____

_____

_____

_____

_____

7. Special Instructions (for example, a particular item to a named beneficiary):

_____

_____

_____

_____

_____

8. Burial Instructions and/or Organ Donation Instructions (if any):

_____

_____

_____

9. List the estimated value of your assets as of today's date.

	VALUE - Insert dollar amount in appropriate column(s).			
ASSETS	Individual Assets	Spouse's Separate Assets	Joint Assets	Joint Assets/ Non-Spouse
a. Home				
b. Other Real Estate				
c. Bank Accounts				
Additional Accounts				
d. Autos & Vehicles				
e. Stocks & Investments				
f. Interest in a Business				
g. Retirement Plan				
h. Life Insurance				
i. Miscellaneous				
TOTALS				

10. List your estimated debt in each category as applicable.

DEBTS	Individual Debts	Spouse's Separate Debt	Joint Debts	Joint Debts Non-spouse
a. Mortgages on home, car, etc.				
b. Signature Loan at bank				
c. Medical or other expense				
d. Other debts over $5,000				
TOTALS				

11. If you are also requesting a Living Will/Advanced Directive, please check one option that reflects your wishes:

☐ **Option A:** If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life sustaining treatment that is not necessary for my comfort or to alleviate pain.

☐ **Option B:** If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct:

_____

_____

_____

_____

_____

_____

***Please attach a piece of paper and include any additional information or clarification you wish us to know about any questions presented.**

I (We) confirm that the information contained in this form is complete and accurate and that the instructions convey my (our) wishes.

Name:_____ Date: _____

Name:_____ Date: _____