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ESTATE PLANNING QUESTIONNAIRE - SINGLE

Please answer all questions as fully as possible. Print clearly, especially when writing names and addresses. If you need more room for any question, you can write on the back of the page or attach an additional sheet.

PERSONAL INFORMATION

Basic Information: Full name (including any variations which may appear on legal or financial documents): _____

Address: _____

_____

Full names and ages of any children: _____

_____

Expectations: What is your biggest concern or highest expectations about what your estate plan needs to address and accomplish? _____

_____

Miscellaneous: Please explain any special circumstances with respect to any child or grandchild (for example, physical or mental health issues, special education requirements, children who have passed away before you, etc.): _____

_____

Are any of the children listed in this questionnaire adopted? ☐ Yes ☐ No

(If "Yes", please list their names and the age they were when adopted): _____

_____

Previous Marriages. Have you been married previously? ☐ Yes ☐ No (If "No", skip this.)

Name of former spouse: _____

Date and place of marriage: _____

Reason the marriage ended (such as divorce or death), and date and place of termination:

_____

If you have been divorced, briefly explain child support and custody arrangements, if any:_____

_____

_____

_____

Please describe any other information about your family which you think might be relevant to your estate plans:_____

_____

_____

* * * *

INFORMATION FOR YOUR WILL

Do you have a current will: ☐ Yes ☐ No (If "Yes", attach a copy.)

Do you have a trust currently in effect? ☐ Yes ☐ No (If "Yes", attach a copy.)

Appointments: You need to choose people to serve as the executor of your will, the trustee of any trusts created under your will, and the guardian of your minor children (if any) in the event there is no living parent. Please list an original choice and one or more alternates. Please also include their relationship to you:

1. Executor: (The executor is in charge going to a hearing at the courthouse, collecting your property and filing an inventory of it, and then paying any debts and distributing the estate according to the terms of your will.)

   _____

   _____

   Will the Executor be paid? If so, how:_____

2. Trustee: (The trustee is in charge of any trusts that may be created under your will, such as a trust for beneficiaries under a certain age. The trustee manages and invests the trust property, makes distributions of income and principal according to the terms of the trust, and terminates the trust at the appropriate time.)

_____

_____

3. Guardian: (The guardian is in charge of where any minor children will live and helping them with their day-to-day lives. The guardian may be the same person as a trustee overseeing the minor's money, but could also be a different person.)

_____

_____

Distributions: In your will, you tell the executor who should inherit your property. You can either do this by percentages (50% to each of my two nephews, or to all grandkids in equal shares) or by naming specific items (my grandmother's wedding rings to my sister, my vehicles to my brother, etc.) or a combination of both.

Please describe any specific items going to specific people:_____

_____

_____

DO YOU HAVE FIREARMS AS PART OF YOUR PROPERTY? If so, please speak to me about those specifically because there are persons who are prohibited from owning firearms by federal law. This can impact both your choice of executor and your list of beneficiaries. Do you have a gun trust? If so, tell me about it. There are also certain firearms that can only be legally transferred through filing paperwork with the ATF.

Please describe the percentages of where everything else will go: _____

_____

_____

If one of your children dies before you do, do you want his or her share to go to his or her children in equal shares? ☐ Yes ☐ No

Please describe any property that you think may cause a problem with your heirs and if you have any other specific details that you want to add to your will and/or discuss at our meeting: ____

_____

_____

_____

Do you have concerns about qualifying for Medicaid in the future? ☐ Yes ☐ No
For example, nursing home payments, keeping your home from being used for reimbursements

Please describe: _____

_____

If so, please ask me specifically about Medicaid planning.

I recommend that clients, in addition to wills, execute durable powers of attorney (for property and health care), and directives to physicians (about the use of life support). The powers of attorney grant an agent broad powers to act and make decisions on your behalf when you are unable to do so (or, for your property, on another date you select). The directive to physicians states your wishes regarding life-sustaining procedures if you have a terminal condition or irreversible condition (as determined by your doctor).

If you also wish to have these documents drafted, please fill out the following pages. If not, you can ignore them and only return these first four pages.

STATUTORY DURABLE POWER OF ATTORNEY
FOR PROPERTY AND OTHER PERSONAL BUSINESS

A power of attorney may give your agent as many or as few rights as you choose to give him or her. This document will list a variety of powers and you can either select all or pick and choose from the list. Unless you tell me otherwise, your new Power of Attorney will replace any other Power of Attorney you have previously signed.

Please list the full name and address of your first choice to act for you as your Agent and his or her relationship to you:_____

_____

Please list the full name and address of your alternate choice(s) to act for you as your Agent and his or her relationship to you:_____

_____

_____

When do you want this person to be able to act on your behalf?

☐ Immediately ☐ Only when you're disabled or incapacitated

* * * * *

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A medical power of attorney gives your agent the right to make medical decisions for you when you are unable to speak for yourself (either for a short term surgery or in the event of dementia or other long-term conditions).

Please list the full name and address of your first choice to act for you as your Agent and his or her relationship to you:_____

_____

Please list his or her telephone number: _____

Please list the full name and address of your alternate choice(s) to act for you as your Agent and his or her relationship to you:_____

_____

_____

Please list his or her telephone number: _____

Do you want to put any limits on your agent's ability to make decisions on your behalf?
☐ Yes ☐ No

Who will have the original of your Power of Attorney?_____

Who will have copies?_____

Do you want to have your Power of Attorney end on a certain event or date?
☐ Yes ☐ No
(If Yes, please describe:_____

_____.)
(If No, your Power of Attorney will last indefinitely from when you sign it until you sign another, pass away, or are placed under a guardianship.)

* * * * *

DIRECTIVE TO PHYSICIANS
A Directive to Physicians allows you to tell your doctor (and medical power of attorney and family) what kinds of life-sustaining treatments you want.

Do you want to have a Directive to Physicians made at this time?
☐ Yes ☐ No

On the date of signing, you will be able to choose if you want life support in two different situations: in the event of a terminal condition (meaning the doctor has given you 6 months or less to live) or irreversible condition (meaning the doctor has said you will not recover from this situation, but it is not yet terminal).

You will be able to initial either that you just want to be kept comfortable (no life support) or that you want to be kept alive (all possible life support).

You will also have the opportunity to make specific instructions. Are there specific treatments or timing that you want to include? (For example, "use all life support, but only for 30 days and then stop", or "use breathing assistance, but not feeding assistance"?)

_____

_____

_____