

Stebler & Sulak, PLLC
Estate Planning Questionnaire

Note: The purpose of this questionnaire is to gather complete information to assist with the preparation of your estate planning documents. You do not need to complete this entire form before scheduling a consultation or office visit. However, if you are able to provide more complete information, it will assist with making the initial visit more productive and will make the process of preparing and completing your estate planning documents more efficient.

Section One – Personal Information

Full Name:	
Date of Birth:	Male ____
Age:	Female ____
Home Phone:	e-mail:
Cell Phone:	Work phone:
Social Security Number:	U.S Citizen? Yes ____ No ____ If “no,” then citizen of what country?

Section Two – Marital History

Currently married? Yes____; No____. If yes, complete the following:

- (1) Name of spouse/partner: _____
- (2) Date of marriage: _____
- (3) State of marriage: _____

Widowed? Yes____; No____. If yes, complete the following:

- (1) Deceased spouse's name: _____
- (2) Date of death: _____
- (3) City & State at date of death: _____
- (4) Did spouse leave a will? Yes____; No____. If yes, get copy of will.

Divorced? Yes____; No____. If yes, complete the following:

- (1) Name of ex-spouse: _____
 (2) Date of divorce: _____
 (3) Place of divorce: _____

If more than one divorce, write additional information on back of this page.

Section Three – Children and Other Family

Children

Child's Name	DOB	Address	Living?
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___

Other Family (Grandchildren, Siblings, Parents, others you might name in documents)

Name	DOB	Address	Relationship

Section Four – Property of Your Estate

Cash Accounts (checking, savings, etc.)

<i>Name(s) on Account</i>	<i>Bank/Institution</i>	<i>Approximate Value</i>

Investment Accounts (brokerage, stocks, bonds, etc.)

<i>Name(s) on Account</i>	<i>Institution</i>	<i>Approximate Value</i>

Retirement Accounts – 401k, IRA, Roth IRA, etc.

<i>Type of Account</i>	<i>Institution</i>	<i>Approximate Value</i>

Real Estate

<i>Address or Location</i>	<i>Owners</i>	<i>Approximate Value</i>

Life Insurance

<i>Institution</i>	<i>Payee on Death</i>	<i>Death Benefit/Cash Value</i>

Vehicles and Automobiles

<i>Description</i>	<i>Owners</i>	<i>Value</i>

Miscellaneous Personal Property, Collectibles, Artwork, etc.

Describe any collections of art, coins, guns, or other personal property of unique value:

Business Interests: Do you own an interest in any business? If so, please describe the business, your ownership interest, and the approximate value of that interest:

Interests in Trusts: Are you a beneficiary of a Trust? If so, please describe the interest and whether you have the right to determine the disposition of the trust property on your death.

Section Five – Will Provisions

Executor – Your executor is the person who will be primarily responsible for administering your estate. That would involve going to court to probate your will, gathering all assets, paying all debts and taxes, and then distributing your assets to the persons named in your will.

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Trustee – Your will may create a trust for one or more beneficiaries for a variety of reasons. This will be discussed in more detail as part of the preparation of your documents. Provide your initial thoughts on who you would want to serve as trustee (which may be the same person as your executor, but does not have to be):

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Beneficiaries of Your Estate – the beneficiaries of your estate are the individuals, organizations, or charities that will receive your estate. It is most common to give your estate to immediate family members, but of course there is no absolute right or wrong answer. This is a decision that is totally up to you.

Describe in general terms how you want your assets to pass upon your death, using the space below, and continuing on the next page:

(Description of Disposition of Estate Property continued):

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Designation of Guardian for Minor Children – If you have minor children, you should designate a guardian to serve for your children in the event that both you and the other parent of such children are deceased or incapacitated.

Guardian of the Person (to make decisions on residence, education, medical treatment, etc.):

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Guardian of the Estate (to handle the child's property):

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Section Six – Ancillary Planning Documents

Ancillary planning documents are estate planning documents that permit you to appoint agents to make decisions for you in the event of your incapacity or inability to make decisions for yourself. These planning documents often can be used to avoid the necessity for the appointment of a guardian for you in the event of your incapacity, which can save you and your family considerable expense and aggravation.

Medical Power Attorney – Indicate below who you would want to make medical decisions for you if you were to become incapacitated or otherwise unable to make decisions for yourself.

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Statutory Durable Power of Attorney – Indicate below who you would want to handle your financial affairs or transaction business on your behalf if you should become incapacitated:

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Declaration of Guardian in Advance of Need – in the event that you needed a guardian appointed for you, indicate below who you would want to serve in that capacity.

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Directive to Physicians – a Directive to Physicians is sometimes referred to as a Living Will. This document permits you to give direction, in advance, to doctors, hospitals, and other care providers, to withhold life sustaining treatment in situations where you are considered to be in a terminal condition and death is imminent if such treatment is not provided. You will be provided a form for this document and you can decide whether you would like to execute it or not.

Appointment of Agent to Control Disposition of Remains – If you would like someone other than your immediate family to control the disposition of your remains, then it is important for you to execute this document to ensure that your wishes are followed:

	Name	Address/Contact	Relationship to Client
First Choice:			
Alternate #1:			
Alternate #2			

Specific Funeral or Burial Instructions

If you have specific burial or funeral directions that you want to provide, please describe them generally below:

Section 7 – Special Needs and Other Concerns

Special Needs Provisions

Do any of the persons you have named as recipients of your property on your death have a disability that currently makes them eligible for SSI or Medicaid or may make them eligible in the future? If so, please identify those individuals and describe briefly their disabilities or diagnoses.

Other Concerns or Issues (including concerns about potential family disagreement or conflict

Please describe any other concerns or issues that you wish to discuss as part of your estate plan.