Beier Howlett

ATTORNEYS AND COUNSELORS

ESTATE PLANNING QUESTIONNAIRE

PLEASE COMPLETE ALL OF THE QUESTIONS IN THIS ESTATE PLANNING QUESTIONNAIRE TO THE BEST OF YOUR ABILITY. NOT ALL OF THE QUESTIONS IN THIS QUESTIONNAIRE WILL PERTAIN TO YOU OR YOUR FAMILY. IF A QUESTION DOES NOT PERTAIN TO YOU, PLEASE LEAVE IT BLANK. BE SURE TO PROVIDE ALL INFORMATION, EVEN IF YOU DO NOT THINK IT'S IMPORTANT. PLEASE PRINT CLEARLY.

PERSONAL INFORMATION: **Date:** _____

1. Full Name: _____
   First Middle Last
2. Home Address: _____
   _____
   Telephone No.: ( ) _____
3. Birthdate: _____
4. Social Security No.: - -
5. Citizenship _____ _____
6. Marital status (circle): M S W SEP DIV Date of marriage: _____
7. Occupation: _____
   Employer: _____
   Address: _____
   Telephone No.: ( ) _____
   E-Mail Address _____

SPOUSE:

8. Spouse's Name: _____
   First Middle Last
9. Spouse's Birthdate: _____
10. Social Security No.: - -
11. Citizenship _____
12. Spouse's Occupation:

Spouse's Employer: _____

Address: _____

_____

Telephone No.: ( ) _____

E-Mail Address _____

GENERAL ESTATE PLANNING INFORMATION:	**You:**		**Spouse:**	
13. Do you presently have a Will?	Yes	No	Yes	No
Do you presently have a Trust?	Yes	No	Yes	No
Do you presently have a Power of Attorney?	Yes	No	Yes	No
Do you presently have a Living Will/Health Care Proxy?	Yes	No	Yes	No
Are you expecting an inheritance?	Yes	No	Yes	No
Is this your first marriage?	Yes	No	Yes	No
Do you have any dependents with special needs?	Yes	No	Yes	No
Would any of your heirs contest your wishes?	Yes	No	Yes	No
Do you have long-term care insurance?	Yes	No	Yes	No

CHILDREN:

14. Children (and Spouses):	Address:	Birthdate:
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

GRANDCHILDREN:

15. Names and Ages of Grandchildren:

a. _____

b. _____

c. _____

d. _____

e. _____

PARENTS:

16. Your Parents' Names: Address: Age:

Yours:

a. _____ _____ _____

b. _____ _____

Spouses Parents' Names:

a. _____ _____ _____

b. _____ _____

GIFTS/INHERITANCE:

17. Do either of you expect to receive gifts or inheritances?

[ ] Yes [ ] No If so, how much? _____

DEPENDENTS:

18. Dependents (other than children) and their relationship to you:

_____

_____

_____

GUARDIANS:

19. Choices for GUARDIANS for children under age 18 or with special needs: (Persons who will be responsible to account to the Probate Court for their **physical** well-being):

1ST Choice:

_____ _____
Name(s) Address

_____ _____

Alternate Choice:

_____ _____
Name(s) Address

_____ _____

CONSERVATOR:

20. Choices for CONSERVATOR for children under age 18 or with special needs: (Persons who will be responsible to the Probate Court for the conservation of the children's **property**):

1ST Choice:

_____ _____
Name(s) Address

_____ _____

Alternate Choice:

_____ _____
Name(s) Address

_____ _____

PERSONAL REPRESENTATIVE:

21. Choices for PERSONAL REPRESENTATIVE of your Will: (previously known as Executor):

a. _____ _____

_____

b. _____ _____

_____

TRUSTEES:

22. Choices for TRUSTEE (Individual or Corporate): (to carry out the terms of your trust after you are no longer the Trustee)

a. _____ _____

_____

b. _____ _____

_____

c. _____ _____

_____

PATIENT ADVOCATES:

23. Choices for PATIENT ADVOCATES: (to carry out your wishes regarding medical treatment if you are unable to do so)

Husband's Choices (Names and Addresses)*:*

a. _____ _____

_____

b. _____ _____

_____

c. _____ _____

_____

Wife's Choices (Names and Addresses)*:*

a. _____ _____

_____

b. _____ _____

_____

c. _____ _____

_____

Organ Donation: Yes No

Donate Entire Body: Yes No

DURABLE POWER OF ATTORNEY:

24. Choices for AGENT (Individual or Corporate): (to carry out the terms of your trust after you are no longer able to act on your own behalf.)

a. _____ _____

_____

b. _____ _____

_____

c. _____ _____

_____

INVESTMENT ADVISOR:

25. Investment Advisor?

_____ _____

_____

HEALTH PROBLEMS/SPECIAL NEEDS:

26. Please describe any health problems or special needs of individual family members:

_____

_____

OTHER:

27. Other information and directives for your plan:

28. Please provide copies of any current Will or Trust documents.

ESTATE ASSET SUMMARY:

Assets:	**Ownership**	**Value**
Bank Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Real Estate		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Investments (other than 401K's and IRAs)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
IRA and 401K Accounts		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Life Insurance		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Property

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ASSETS: $_____

Liabilities:

Mortgages (identify property subject to mortgage)

_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

COMMENTS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

IF POSSIBLE, PLEASE BRING THE FOLLOWING DOCUMENTATION WITH YOU TO YOUR INITIAL CONSULTATION:

- **Real Estate Deeds**
- **Current Tax Bills**
- **Trusts and/or Amendments to Trusts**
- **Last Wills and Testaments**
- **Codicils**
- **Living Wills**
- **Health Care Documents**
- **Powers of Attorney**

_____

Thank you. We look forward to assisting you with your planning needs.

Beier Howlett, P.C.