

WALENTINE O'TOOLE, LLP



Attorneys at Law

DATE: _____

ESTATE PLANNING QUESTIONNAIRE
(CONFIDENTIAL)

SECTION I. GENERAL INFORMATION

A. Personal Information:

Full Name: _____

Any other name(s) used: _____

Date of Birth: _____, 19____

Social Security Number: _____ - _____ - _____

Home Address: _____

County: _____

Home Telephone Number: (_____) _____

Cell Phone Number: (_____) _____

Employer: _____

Occupation: _____

Work Telephone Number: (_____) _____

Email address: _____

For all prior marriages, list the name of your former spouse, the date the marriage ended, and whether the marriage ended by divorce or death: _____

Are you a United States citizen? Yes No

B. Children: (If you have no children, skip to Section II.)
Please complete *whether or not* you intend all or any of your children to receive any portion of your estate. Please complete for each child; if more than three, attach additional pages.

Child 1: Full Name: _____

Child's Spouse's Name: _____

Child's Date of Birth: _____

Child's Address (if different than yours):

Child's Telephone Number: (_____) _____

Child's Social Security Number: _____ - _____ - _____

State the name of the child's other parent: _____

Child 2: Full Name: _____

Child's Spouse's Name: _____

Child's Date of Birth: _____

Child's Address (if different than yours):

Child's Telephone Number: (_____) _____

Child's Social Security Number: _____ - _____ - _____

State the name of the child's other parent: _____

Child 3: Full Name: _____

Child's Spouse's Name: _____

Child's Date of Birth: _____

Child's Address (if different than yours):

Child's Telephone Number: (_____) _____

Child's Social Security Number: _____ - _____ - _____

State the name of the child's other parent: _____

Do you have any deceased children? Yes No

If yes, please give their name(s) and whether or not they had children.

SECTION II. FINANCIAL INFORMATION

A. Please list all property now owned by you, and indicate how title is held. Attach additional pages if necessary OR attach financial statements.

| Description of Asset and Account # | Present Value | Amount of Encumbrance, if any | Titleholder |
|------------------------------------|---------------|-------------------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B. Pension, Profit Sharing, IRAs, and Life Insurance

| Description and Account/Policy # | Value | Owner | Beneficiary | Contingent Beneficiary |
|----------------------------------|-------|-------|-------------|------------------------|
| | | | | |
| | | | | |

| Description and Account/Policy # | Value | Owner | Beneficiary | Contingent Beneficiary |
|----------------------------------|-------|-------|-------------|------------------------|
| | | | | |
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| | | | | |

- C. Do you own stock in a corporation?
 Yes No
- D. Are you a partner (either general or limited) in any partnership?
 Yes No
- E. Are you the beneficiary of any trust, whether or not you presently receive any income from the trust? Yes No
- F. What is the total amount of life insurance on your life? \$_____. Are any of the policies “whole life” (that is, do they have cash value which can be borrowed against) as opposed to term insurance? Yes No

SECTION III. CHOICE OF PERSONAL REPRESENTATIVE AND TRUSTEE

A *Personal Representative* is the person you name in your Will to administer your estate.

A *Trustee* is the person you appoint to administer assets in your trust (should you and your attorney determine that a trust is necessary).

You should carefully consider who you choose to serve as Personal Representative and Trustee.

1. You should trust him or her completely.
2. He or she should have enough maturity, common sense and business experience to handle your estate.
3. He or she should be of such an age and physical and mental condition that he or she is likely to be alive and able to act when needed.
4. Consider whether he or she will be able to get along with the beneficiaries of your estate and/or trust so that your purposes are most likely to be accomplished.

A. Choice of Personal Representative:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Personal Representative:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

B. Choice of Trustee:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

If the person named above for any reason does not serve or continue to serve, then my choice of successor Trustee:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

Alternate Choice:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

SECTION VI. HEALTH CARE POWER OF ATTORNEY

If you were unable to make health care decisions for yourself, who would you want to make them for you?

First Choice:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

Alternate Choice:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

SECTION VII. LIVING WILL

We suggest that you consider the execution of a Living Will, in which you express your intentions regarding life-sustaining treatment in the event that you are in a persistent vegetative state. If you are interested in having a Living Will, who would you want to carry out your intentions?

First Choice:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

Alternate Choice:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

SECTION VIII. GUARDIAN/CONSERVATOR FOR MINOR CHILDREN *(if applicable)*

Should both parents die or become incapacitated while a child is under 19 years of age, a Guardian of the child's person and Conservator of the child's estate may be appointed by the Court. Normally, the Court will honor the parents' nomination. The Conservator of the estate may or may not be the same person as the Guardian of the person, and, in turn, may or may not be the same person as the child's trustee.

First Choice for Guardian:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

Alternate Choice for Guardian:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

First Choice for Conservator:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

Alternate Choice for Conservator:

Full Name: _____

Relationship: _____

Home Address: _____

Home Telephone Number: (_____) _____

OUR LAW FIRM URGES YOU TO REVIEW YOUR WILL, TRUST, LIFE INSURANCE AND PENSION AND OTHER EMPLOYER BENEFIT PLANS, BENEFICIARIES AND RELATED ESTATE MATTERS AT LEAST ONCE A YEAR, AND WHENEVER THERE IS A SUBSTANTIAL CHANGE IN YOUR FAMILY OR OTHER BENEFICIARIES, DEATH OF A BENEFICIARY, OR SIMILAR CHANGE OF CIRCUMSTANCES.

Signature