# WILL/ESTATE PLANNING QUESTIONNAIRE FOR A MARRIED / DOMESTIC PARTNERS COUPLE

						ſ	Date:
GENERAL IN	FORMATION						
			Partner 1			Part	ner 2
Full Name:							
Date of Birth:							
Citizenship:							
Residence							
Address: Home Ph:							
Work Ph:							
Cell Ph:							
Email:							
(Please enclosed Do you have a Do you have a	e a copy). revocable or irrevoca	able trust	Yes No If so, in wat (e.g., a "life insurance trust") in existent what institution? Held in what names	ence? s?	Yes No If yes		
CHILDREN	Marriad?			T			
Names of Children  Age   Marieu? (If yes, provide name of spouse)		Names	s of Grandchildren	Age	Parent		

		Partner 1	Partner 2
ier I	Name:		
ralinei	Address:		
	Age:		
	Name:		
	Address:		
	Age:		
? ,	Yes	No	of your estate) under a disability that will require special provisions in your will or estat by povisions that you think are necessary. Later on in this questionnaire, you will be aske
<u>SI</u>	ETS		
		onnaire is a form called Schedule of Assets and Liabilities, whic eed about retirement plans and life insurance:	h I ask that you complete. In addition, please provide below some very specifi
		tirement plan are considered part of your taxable estate even though refore, please answer the following questions:	they are distributed by beneficiary designation form (and not by the terms of your Last

Are either of you participants under a military retirement plan? Yes No If so, identify which of you is a participant and provide information about the benefit to which you are entitled and whether there is a benefit for a beneficiary who survives you and if yes, the name(s) of the beneficiary/ies:
Are either of you a member of a profit-sharing or corporate pension plan either from your current job or former job/s? Yes No If so, please identify which of you is a participant and provide the name of the plan and the estimated assets in each such account (either here or on the Schedule of Assets on the last page) and the primary and contingent beneficiary of each such plan:
Do either of you have a policy of insurance on your life? Yes No  Life insurance proceeds are also distributed outside probate (and thus distribution is not governed by the terms of your Last Will and Testament in many cases), but life insurance is usually considered part of your taxable estate. If you have life insurance, it is extremely important that the beneficiary designation forms be fully and accurately prepared. If you have life insurance, please indicate the following (to the extent you know):

				Beneficiaries	
Insured	Owner	Coverage (\$)	Carrier	Primary	Secondary
				-	
			1	1	

INHERITANCES
Do either of you expect any large inheritances from others? Yes No If so, from whom and in what amount \$
Do either of you expect any large recovery in a lawsuit? Yes No If so, please provide details:
If either of these possibilities is imminent, then we need to plan for it now. If either of these possibilities occurs in the future, then you need to remember that your entire financial picture can change dramatically as the result of an inheritance or a financial windfall and you might need at that time to rethink the terms of your Last Will and Testament or Trust.
BUSINESS INTERESTS
Do either of you own an equity interest (stock, partnership, interest, etc.) in any closely-held business? Yes No If so, please answer the following questions.
Name of business: and which of you is an owner:
Type of entity: (please circle one) sole proprietorship corporation partnership limited partnership Percentage of ownership:
Other owners and their percentages:
Type of business:
Succession planning in place? Yes No (Please provide copies of any documentation pertaining to succession planning such as a buy/sell agreement):
How is the succession planning to be financed?
PERSONAL REPRESENTATIVES

Whom do you desire to be the Personal Representative? Your Personal Representative (the same as "Executor") manages the probate and settlement of your estate. You can name your spouse, adult children, trusted friends or other relatives.

Please provide the following information:

		Partner 1	Partner 2
	Full Name		
Personal Representative	Address		
Personal	Phone		
ers es	Numbers		
P	Email		
	Age		
4)	Full Name		
Successor Personal Representative	Address		
Successor Personal epresentati	Phone		
ers	Numbers		
St. P	Email		
	Age		

### **GUARDIAN OF MINORS:**

A surviving parent of a minor child (i.e., a child under the age of 18) will automatically be the "guardian" of the <u>person</u> of the minor child if the other parent dies (except in cases where the surviving parent has no parental rights). But what if the other parent of your minor child does not survive you? You should identify in your Last Will and Testament individuals whom you would like to serve as guardians for any minor children. Please provide the following information if you have any minor children:

e e	Full Name	l Name	
to Serve Parent Survive	Address	ddress	
	Phone Numbers		
Guardian if Other Does Not	Email	Email	
ತ – ರ	Age	Age	
	Full Name	Name	
u e	Address	ddress	
Alternate Guardian	Phone Numbers Email	umbers	
	Age		

If you have designated a married couple in your Last Will and Testament to serve as Guardians of your minor children, does it make a difference to you that they are married at the time they serve as Guardians? In other words, what if the couple gets divorced? Separated? Or one of the persons dies? If it is important to you that a married couple be designated as guardians, then provisions must be made in your Last Will and Testament addressing the possibility that the married couple is no longer a couple at the time they are asked to serve as guardians. You don't need to make a decision on this issue in this questionnaire, but you should think about this possibility and whether you want it addressed in your Last Will and Testament.

### ASSETS TO BE DISTRIBUTED TO MINOR BENEFICIARIES

Persons who are under the age of 18 cannot "own" property because of their age. Thus, if there is a possibility (no matter how remote) that someone who is under the age of 18 could be a beneficiary of your estate, then you should specify in the Last Will and Testament how those assets should be handled at the time of distribution to the minor beneficiary. One option is to have the assets distributed to a Uniform Transfers to Minors Act Account (which is easy and inexpensive) but the payout age to the minor can be no later than the age of twenty-one (21) years. Another option is to have the money held in trust for the benefit of the minor beneficiary but with this option, you must consider the cost of creating and maintaining a trust for the benefit of the beneficiary. We can discuss the options when we meet. But in the meantime, if you think that you want the assets for a minor beneficiary to be held in trust, then please answer the following questions:

		Partner 1	Partner 2
	Full Name		
	Address		
Trustee	Phone Numbers		
	Email		
	Age		
ğ	Full Name		
Trustee	Address		
Alternate Tr	Phone Numbers Email		
Alte	Age		

You should consider the age at which you want the beneficiary of the trust to receive his or her inheritance—25, 30, 35, 40? Most people choose to leave the money in trust until the beneficiary reaches what the person believes will be a responsible age. The money is available for the beneficiary's support up until the time for complete distribution and the trust is simply for the protection of the beneficiary. Having assets in trust can provide a good "pre-nup agreement" for the beneficiary, for example, or can protect the beneficiary from unfortunate business investments.

### TRUSTEE OF TRUST FOR BENEFICIARIES WITH SPECIAL NEEDS

If a person who is receiving government benefits or a person who cannot handle money might be a beneficiary of your estate, then you may want to have the assets for the person left to a "discretionary trust" or what some people call "a special needs trust". If that is the case for you, then the same questions must be answered:

		Partner 1	Partner 2
	Full Name		
4	Address		
Trustee	Phone		
l ̈́ž	Numbers		
	Email		
	Age		
بو	Full Name		
Trustee	Address		
T	Phone		
nate	Numbers		
Alternate	Email		
Ā	Age		

## **DISPOSITIVE WILL TERMS**

Please specify to whom your assets are to be distributed upon your death:

What if your children (or grandchildren) do not survive you? To whom would you like your assets to pass in that unlikely scenario?

Do you have any tangible personal property items that you would like distributed to certain individuals?

Other specific provisions you desire in your will:

### **GENERAL POWER OF ATTORNEY**

It is advisable that we prepare for you a document that grants to another person or persons the authority to handle your financial affairs if you are unable to do so. Below, please indicate the full name, address, and all contact information about the person whom you would like to serve in that capacity and the person who is your second choice if your first choice is unable to serve? (It is best to have two individuals at least and get their verbal agreement to serve.) Please provide full names and addresses, telephone numbers and email addresses, to the extent you have that information:

		Partner 1	Partner 2
	Full Name		
	Address		
Agent	Phone		
ΡĜ	Numbers		
	Email		
	Age		
-	Full Name		
gen	Address		
e A	Phone		
l at	Numbers		
Alternate Agent	Email		
4	Age		

Do you want this authority to be dependent upon a finding of your disability or do you want this authority to be effective immediately? It can sometimes be difficult to find doctors who are willing to make a determination of incapacity, but on the other hand, a requirement of a doctor's certification of incapacity can provide some protection for you. We can discuss this more fully when we meet.

### MEDICAL DIRECTIVE AND LIVING WILL

It is also advisable for you to execute a document whereby you appoint one person, with a successor, to make medical decisions for you if you are unable to express your wishes. You should get these persons to agree to serve. Also, you might want to prepare what is called a "Living Will", expressing how you wish to be treated in the event you are in an end stage condition and unable to communicate. If you want such a document, please indicate the names, addresses and telephone numbers and email addresses, to the extent known, of the individuals to serve in this capacity.

		Partner 1	Partner 2
	Full Name		
	Address		
Agent	Phone Numbers		
1	Email		
	Age		
1	Full Name		
gen	Address		
Alternate Agent	Phone Numbers		
Iteri	Email		
A	Age		

In order for me to provide you informed advice about your estate planning needs, you should prepare a rough financial statement and on the next page is a form that you can use for that purpose. Don't worry about specificity and details. Just do the best that you can to reflect what you own, its approximate value and how it is titled. In the case of retirement accounts and life insurance, it will be important to know eventually the primary and contingent beneficiaries.

SCHEDULE OF ASSETS FOR:
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DESCRIPTION OF ASSET	Partner 1	Partner 2	Joint	TOTAL
Checking Acct 1				
Checking Acct 2				
Savings Acct 1				
Savings Acct 2				
Cert of Deposit 1				
Cert of Deposit 2				
Home (Net)				
2 <sup>nd</sup> Home (Net)				
Other Real Estate				
Stocks & Bonds				
Retirement Plans				
IRAs				
Keogh-type Accts				
Life Insurance				
Debts owed to you				
Tangible Personal Property				
Expected				
Liabilities (credit card debt, loans, tax liens, etc.)				
TOTAL				

(Estimated values should be used to complete this asset schedule)