

ESTATE PLANNING QUESTIONNAIRE

(Couples)

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Date _____

This form is extremely important. Your accuracy and completeness in responding will help us best represent you.

NOTE: Spouses with significant separate property should consider employing different attorneys so that attorney-client confidentiality may be maintained, though it is also appropriate for each spouse to waive this confidentiality if they wish to do so.

A. PERSONAL DATA

(Husband)

(Wife)

Full Name: _____ Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Other: _____ Cell Work

May we correspond with you by e-mail? Yes No E-Mail Address: _____

Age & Birth Date: _____ Age & Birth Date: _____

Social Security No.: _____ Social Security No.: _____

HUSBAND

WIFE

U.S. Citizen? Yes No

Yes No

Veteran? Yes No

Yes No

Existing Planning Documents: Do you now have:

Wills? Yes No

Yes No

Living trusts? Yes No

Yes No

Durable Powers of Attorney? Yes No

Yes No

Health Care POA, Living Wills? Yes No

Yes No

Irrevocable Life Insurance Trust Yes No

Yes No

Special Needs Trust Yes No

Yes No

PLEASE BRING COPIES OF YOUR EXISTING PLANNING DOCUMENTS WITH YOU TO OUR FIRST MEETING.

B. BASIC PLANNING CHOICES:

Do you wish to set up Wills, or Trusts? Wills Trusts Not Sure

Is SPECIAL NEEDS PLANNING for a family member or friend one of the reasons you are coming to us? Yes No

If applicable, please complete the Special Needs Planning Beneficiary Questionnaire regarding your loved one with disabilities for which you wish to do special needs planning and attach it to this questionnaire.

Special Needs Beneficiary Questionnaire attached:

Name of Beneficiary with Special Needs: _____

Relationship: _____

Comments: _____

C. FIDUCIARIES:

Note: Provide separately the addresses and contact numbers for any Personal Representatives or Trustees who are **not** listed in **Section D** below.

1. Proposed Personal Representatives: Who do you each choose to be your Personal Representatives (Executors) in your Wills? Identify a Primary and one or more Alternate Personal Representatives.

Husband: (1) _____ **Wife:** (1) _____
(2) _____ (2) _____

2. Trusts and Trustees. If you have decided on a Revocable Living Trust and you wish to be the initial Trustee, who do you choose as your Trustees when you are unable to perform your duties as Trustee?

Husband: (1) _____ **Wife:** (1) _____
(2) _____ (2) _____

3. Proposed Agents for Financial Powers of Attorney:

Husband: (1) _____ **Wife:** (1) _____
(2) _____ (2) _____
(3) _____ (3) _____

4. Proposed Agents for Health Care Powers of Attorney (Health Care Agents):

Husband: (1) _____ **Wife:** (1) _____
(2) _____ (2) _____
(3) _____ (3) _____

5. SPECIAL NEEDS PLANNING:

Trustees (and Trust Protectors, if appropriate) proposed for any Special/Supplemental Needs Trusts

Trustee(s) of the SNT: _____

Successor Trustees: _____

Trust Protector(s): _____

Trust Advisory Committee: _____

Other Comments, questions: _____

D. CHILDREN, GRANDCHILDREN

If you have children, please list them below. If any child is not living in your home, please provide address, contact information. (FOR SECOND MARRIAGE COUPLES ONLY: IF ANY CHILDREN ARE NOT THOSE OF BOTH CLIENTS: Indicate whose child in "Child of" block beside the name of the child.)

If you have other children, grandchildren, or other persons who you are making provisions for in your estate, please list them and indicate their relationship to you.

1. _____ Child of: _____
Name _____ Age: _____
Street Address _____ Telephone: _____
City, State, Zip _____
Disabled? Married? Divorced? Spouse's Name: _____
Does he/she have children? Number: _____ Ages: _____

2. _____ Child of: _____
Name _____ Age: _____
Street Address _____ Telephone: _____
City, State, Zip _____
Disabled? Married? Divorced? Spouse's Name: _____
Does he/she have children? Number: _____ Ages: _____

3. _____ Child of: _____
Name _____ Age: _____
Street Address _____ Telephone: _____
City, State, Zip _____
Disabled? Married? Divorced? Spouse's Name: _____
Does he/she have children? Number: _____ Ages: _____

4. _____ Child of: _____
Name _____ Age: _____
Street Address _____ Telephone: _____
City, State, Zip _____
Disabled? Married? Divorced? Spouse's Name: _____
Does he/she have children? Number: _____ Ages: _____

E. DISPOSITIVE INTENTIONS

NOTE: Spouses with significant separate property should consider employing different attorneys so that attorney-client confidentiality may be maintained, though it is also appropriate for each spouse to waive this confidentiality if they wish to do so.

WHO DO YOU WANT TO LEAVE YOUR ESTATE TO, WHETHER BY WILL OR IN TRUST?

PLEASE INDICATE THE PERSON(S) AND ANY PERCENTAGES OR AMOUNTS ON A SEPARATE SHEET.

AT OUR MEETING WE WILL DISCUSS THESE QUESTIONS FURTHER.

F. **ASSETS/LIABILITIES** Please insert the approximate values of assets and liability for general background information for attorney..

NOTE: PLEASE BRING BROKERAGE STATEMENTS, ETC., TO OUR PLANNING MEETINGS.

ASSETS (explanation if necessary)		Owned by WIFE Value	Owned by HUSBAND Value	JOINTLY OWNED	
				Value	Debt/Mortg?
RESIDENCE					
CHECKING & SAVINGS ACCOUNTS					
CERTIFICATES OF DEPOSIT					
BROKERAGE ACCOUNTS					
IRAs					
ANNUITIES					
OTHER REAL ESTATE					
LIFE INSURANCE					
OTHER					
TOTALS					

Other information: (Anything else we should know about your estate or estate planning?)

G. **REFERRAL: How did you hear about us?** _____

Special Needs Beneficiary Information
(For use with Estate and Elder Planning Questionnaire)

Information supplied by: _____

This information is very important. Your accuracy and completeness in responding will help us to best represent you.

Note: Check if we are handling establishment of a guardianship or conservatorship for you: Please complete and return our form “**Information Needed for Conservatorship Petition**” with this questionnaire.

Check if Disabled Person/Beneficiary is able to assist in this Special Needs Planning.

A. SPECIAL NEEDS BENEFICIARY/DISABLED PERSON

Full Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail address _____

Age _____ Birth Date _____ Social Security No. _____

U.S. citizen? Yes No Veteran? Yes No

If not a U.S. citizen, is he/she a qualified alien? Yes No Don't Know

If Adult: Competent to sign documents, make decisions? Yes No Don't know.

Married? Yes No Spouse's Name: _____

Children? Yes No Number of children, ages: _____

Has the individual with special needs been determined to be “disabled?” If so, how was the determination made?

Social Security or state disability determination: Yes No Date: _____

Conservatorship established? Yes No Date: _____

Other: _____

Describe Disabling Condition, whether he/she is able to live independently: _____

_____ Age

at Onset of Disabling Condition: _____

Benefits being received now: SSI SSDI Medicaid/TennCare Medicare

Medicaid Waiver/ Group Home VA Benefits (Describe) _____

Other _____

No Public Benefits

Private/Group Health Insurance - Through Parent's coverage? Yes No

Name of Ins. Carrier: _____ Coverage termination date: _____

SSI or Social Security Disability application filed, but not yet approved? Yes No

If yes, program applied for and date of filing: _____

If not now on Medicare, is Disabled Person likely to be eligible for Medicare soon? Yes No

Don't know. If yes, date eligibility expected: _____

IS A CONSERVATORSHIP/GUARDIANSHIP NEEDED NOW? Yes No Don't know

EXISTING CONSERVATORSHIPS:

Is the Disabled Person now protected by a guardian or conservator? Yes No

Name of Guardian/Conservator(s) _____

Court, jurisdiction in which guardianship/guardianship is established: _____

Court File Number: _____ **Date established:** _____

PLEASE BRING COURT ORDERS, GUARDIANSHIP LETTERS AND RELATED PLEADINGS TO OUR MEETING.

B. FINANCIAL INFORMATION FOR DISABLED PERSON:

Is the primary purpose of our representation in connection with assets that are owned or being received by the Disabled Person or for estate/special needs planning by parent or other family member?

- Estate/special needs planning by parent or other family member.
- Special Needs Planning regarding Disabled Person's Assets
- Both

Income received by Disabled Person (Describe type, monthly amounts):

Social Security Benefits SSDI SSI SS (retirement) \$ _____
_____ \$ _____
_____ \$ _____
Regular/monthly gifts from others for living expenses? Yes No \$ _____
Donor(s): _____

Assets owned by Disabled Person:

Representative Payee Bank Account \$ _____
Other Bank accounts \$ _____ Joint with: _____
Other Accounts, Investments:
_____ \$ _____
_____ \$ _____

Please bring copies of any recent bank statements, brokerage statements, etc., or other evidence of any assets in which Disabled Person may have an interest, as well as any existing trusts for his or her benefit.

Is there an expected inheritance? Yes No Approximate amount expected: \$ _____
Lawsuit settlement pending? Yes No Approximate amount expected: \$ _____

Date inheritance or settlement expected to be received? _____

If lawsuit settlement is involved, please complete Litigation Intake Questionnaire and return to this office.