

Will Focused Estate Planning

QUESTIONNAIRE FOR COUPLES

This document is designed to preview the precise questions we will require answers for in order to assist you in building your will focused estate plan. If general questions arise as you fill out the questionnaire, please make notes to share with your advisor. If you are unsure what the question is asking, simply leave it blank. In advance of your consultation, please return this document to:



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**WILL FOCUSED ESTATE PLANNING
COUPLES QUESTIONNAIRE**

STEP 1 – MARITAL STATUS

_____ Married _____ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Client Name 1 (as you want it to appear on documents): _____

Email: _____

Are you a U.S. Citizen? _____ Yes _____ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? _____ Yes _____ No

Home Address: _____ County: _____

Do you own this home? _____ Yes _____ No

If yes, who holds current legal ownership of the property? _____ Both _____ Client 1 _____ Client 2

STEP 3 – FAMILY INFORMATION

In what county will these documents be signed? _____ Not Sure or _____

Do you own any other real estate? _____ Yes _____ No

If yes, what are the addresses?

Information about Living Children:

Child 1 Name: _____ DOB: _____ Gender: _____ Male _____ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: _____ Both _____ Client 1 _____ Client 2

Is the child disinherited? _____ Yes _____ No

Child 2 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

Child 3 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

Child 4 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

***Please add additional children on a separate sheet

Information about Deceased Children:

Do you have any deceased children? ___ Yes ___ No If yes, please provide the following information:

Child's Name _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Name of the Deceased Child's Children, if any: _____

STEP 4 – BENEFICIARIES – WHO is getting WHAT, and HOW are they getting it? (After the surviving spouse.)

Are the Beneficiaries getting equal shares? Yes No

Beneficiary Information:

Beneficiary 1 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 2 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 3 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 4 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 5 Name: _____ Percentage or Fraction Interest: _____

For each Beneficiary, you will need to decide the following – please note the answer does not need to be the same for each:

If the beneficiary dies, would you want this share to go to: Per Stirpes (to their living heirs)

To the other Beneficiaries _____

Other: _____

Restrictions: Do you want restrictions on the distributions to this beneficiary? Yes No

Please note: For Will-Based plans, you must select No Restrictions. Otherwise, you may need to create a Trust-Based estate plan, as we do not create testamentary trusts within wills.

However, an unfunded revocable trust-based estate plan can act just like a testamentary trust.

Specific Gifts (for charity, pets, or others in your life) – please denote if each gift will be given after a particular spouse’s death or after both have died and the amount or item:

STEP 5 – EXECUTORS, POWERS OF ATTORNEY

If one of you is unable to act (death or incapacity), would you want your spouse/partner to make financial decisions? Yes (most common) No

Do you want your financial agent's powers limited in any way? Yes No (most common)

Timing on power of attorney (most common is immediate for primary agent (spouse) and springing for all others:

Immediate for Primary Agent only Immediate for all agents Springing

If you cannot make financial decisions for yourself, who do you want to make them for you? If you are married, the spouse is assumed to be first (unless otherwise indicated). Please list the relationship also.

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____ Yes ____ No

If yes, which ones? _____

STEP 6 – HEALTH CARE AGENTS

Would you like to include specific wishes about your health care desires? ____ Yes ____ No

***If Yes, please complete the Statement of Wishes attachment. If No, no action is required.

If you cannot make health care decisions for yourself, who do you want to make them for you? If you are married, we generally see the spouse first. Please list the relationship also.

Client #1

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____ Yes ____ No

If so, which ones?

Client #2

#1: _____

#2: _____

#3: _____

Do any of these agents act together? ____ Yes ____ No

If so, which ones?

STEP 7 – GUARDIAN

Do you have any children under the age of 18 or expect to in the future? _____ Yes _____ No

If yes, who would have physical custody of any minor

children?#1: _____

#2: _____

#3: _____

Do any of these agents act together? _____ Yes _____ No

If so, which ones?
