

SINGLE PERSON ESTATE PLANNING QUESTIONNAIRE
PLEASE PRINT LEGIBLY.

YOUR FULL NAME: _____

ADDRESS:

STREET: _____

CITY: _____

COUNTY: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

E MAIL: _____

CHILDREN: (Use full legal names.)

	NAME	CURRENTLY LIVING? Y/N	MALE OR FEMALE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

FINANCIAL DECISION MAKERS:

WHO DO YOU WANT TO HANDLE YOUR FINANCES IF YOU BECOME MENTALLY INCOMPETENT, OR UPON YOUR DEATH? YOUR DECISION MAKERS SHOULD BE MATURE ENOUGH TO COMPETENTLY HANDLE YOUR AFFAIRS. THE DECISION MAKER MUST BE AT LEAST 18 YEARS OF AGE, AND MOST CLIENTS SELECT SOMEONE AGE 25 OR OLDER. YOU CAN HAVE CO-AGENTS TO HANDLE YOUR FINANCES. IF YOU WANT CO-AGENTS, PUT AN "X" IN THE INDICATED AREA. YOU SHOULD HAVE AT LEAST ONE AGENT TO HANDLE YOUR FINANCES, WITH PREFERABLY AT LEAST ONE BACKUP PERSON. (You do not have to have 5 agents.)

Use full legal names.

CO-AGENT?

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

HEALTH CARE DECISION MAKERS:

WHO DO YOU WANT TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU BECOME MENTALLY INCOMPETENT, AND CANNOT MAKE HEALTH CARE DECISIONS FOR YOURSELF? YOU NEED HEALTH CARE DOCUMENTS IN AN EFFORT TO AVOID GUARDIANSHIP. YOU CANNOT HAVE CO-AGENTS FOR HEATH CARE. YOU SHOULD HAVE AT LEAST ONE AGENT TO HANDLE YOUR HEALTH CARE, WITH PREFERABLY AT LEAST ONE BACKUP PERSON. (You do not have to have 5 agents.)

Use full legal names.

1. _____
2. _____
3. _____
4. _____
5. _____

BENEFICIARIES:

YOU SHOULD USE PERCENTAGES IN THIS SECTION, BECAUSE YOU DO NOT KNOW THE SIZE OF YOUR ESTATE WHEN YOU DIE, AND BY USING PERCENTAGES, YOU WILL BE ASSURED OF GIVING AWAY 100% OF YOUR ESTATE.

	%
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

GUARDIANS OF MINOR OR SPECIAL NEEDS CHILDREN

IF YOU HAVE MINOR CHILDREN, YOU WILL NEED TO DESIGNATE A PERSON(S) TO BE THE LEGAL GUARDIAN OF YOUR CHILDREN IF BOTH OF YOU ARE DECEASED. IF YOU ARE THE GUARDIAN OF AN ADULT SPECIAL NEEDS CHILD, YOU CAN ALSO DESIGNATE WHOM YOU WOULD LIKE TO BE THE NEXT GUARDIAN OF THAT CHILD. YOU CAN DESIGNATE AN INDIVIDUAL - EITHER SINGLE OR MARRIED, OR A MARRIED COUPLE.

(PUT A MARRIED COUPLE ON ONE LINE)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

SPECIFIC BEQUESTS OF PROPERTY: DO YOU DESIRE TO LEAVE SPECIFIC ASSETS TO SOMEONE? FOR INSTANCE, A CERTAIN REAL ESTATE TRACT, MOTOR VEHICLES, OR CASH. SMALL ITEMS AROUND THE HOME CAN BE GIVEN AWAY VIA A HAND WRITTEN MEMORANDUM.

SPECIFIC BEQUESTS:

SIZE OF THE ESTATE: THIS IS NECESSARY TO DETERMINE IF THERE IS A NEED IN YOUR ESTATE PLAN TO HAVE THE DOCUMENTS DRAFTED TO SAVE ON ESTATE TAXES.

YOUR ESTATE CONSISTS OF LIFE INSURANCE, RETIREMENT PLANS SUCH AS SEPS, 401Ks, IRAs, REAL ESTATE, CASH, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, BONDS, STOCKS, MUTUAL FUNDS, MINERAL INTERESTS, MOTOR VEHICLES AND PATENTS.

TOTAL VALUE OF THE ESTATE: _____

MISCELLANEOUS NOTES:

IMPORTANT NOTE TO CLIENTS ABOUT THIS QUESTIONNAIRE: I DO NOT RETAIN A COPY OF THIS QUESTIONNAIRE IN YOUR FILE AFTER THE ESTATE PLANNING DOCUMENTS ARE SIGNED. I RETAIN ELECTRONIC COPIES OF YOUR UNSIGNED ESTATE PLANNING DOCUMENTS. IF YOU DESIRE, I WILL BE HAPPY TO GIVE THIS QUESTIONNAIRE TO YOU AT THE DOCUMENT SIGNING.