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TAYLOR LAW, PLLC

ESTATE PLANNING QUESTIONNAIRE

Husband's Information:

Full Legal Name: _____ Date of Birth: __ __ /__ __ /__ __ __ __

Street Address: _____ City: _____ Zip: _____
County: _____

Email Address: _____ Social Security Number: _____

Home/Cell Telephone: _____

Employer: _____ Position: _____
Business Telephone: _____
Annual Income: _____
Retirement/Disability Pay, if any: _____

Health Issues? ☐ Yes ☐ No If yes: _____
Military?: ☐ Yes ☐ No If yes: Branch of Service: _____ Length of Service:_____

Wife's Information

Full Legal Name: _____ Date of Birth: __ __ /__ __ /__ __ __ __

Address (if different): _____City: _____ Zip: _____County: _____

Email Address: _____ Social Security Number: _____

Home/Cell Telephone: _____

Employer: _____ Position: _____
Business Telephone: _____
Annual Income: _____
Retirement/Disability Pay, if any: _____

Health Issues? ☐ Yes ☐ No If yes: _____
Military?: ☐ Yes ☐ No If yes: Branch of Service: _____ Length of Service:_____

Marriage: Date: _____ Place of Marriage: _____
Is this a first marriage? _____

Estate Planning Background

Does a prior will exist? _____ Location of Will: _____

Where are important papers kept? _____

Any Professional Individuals/Organizations that Need to be Consulted _____

Do you have a life insurance policy? _☐_Yes _☐__No

Have you pre-planned your memorialization and/or funeral? _☐__ Yes _☐_ No

Designation of Individuals to Carry Out Wishes: For this section, please identify the people that you would like to handle your affairs. Please note that if you would like to list your spouse as the first individual for each role, you do not need to list each other and we can discuss that during the consultation.

Power of Attorney (General/Business Affairs): These are the individuals who would handle your business and financial affairs during periods of incapacity or incompetency. They would act during your lifetime.

Primary Power of Attorney: _____ Phone: _____
Address: _____

Alternate/Secondary Power of Attorney: _____ Phone: _____
Address: _____

Health Care Power of Attorney: These are the individuals who would make medical decisions on your behalf when you are mentally or physically unable to do so for yourself. They would act during your lifetime.

Primary Power of Attorney: _____ Phone: _____
Address: _____

Alternate/Secondary Power of Attorney: _____ Phone: _____
Address: _____

Will: These are the individuals who will handle your affairs post-mortem and is responsible for filing any documents with the court and going through the probate process.

Executor/Executrix: _____

Alternate Executor/Executrix: _____

Trustee (if applicable): These are the individuals who will distribute money or assets over an extended period of time in accordance with your wishes.
Primary Trustee: _____
Alternate/Secondary Trustee: _____

Guardian (if applicable): These are the individuals who will care for any minor children you may have.
Primary Guardian: _____
Alternate Guardian: _____

Disposition of Property

To whom are you leaving your property? _____
_____
_____
_____

Is there any person that you are intentionally not leaving property to, who may otherwise have a claim to property? _____

Beneficiaries

Children:

FULL LEGAL NAME	AGE	MARITAL STATUS	STATE/RESIDENCE

Are any of your children deceased? _____ Are any other children expected? _____

Are any children handicapped? _____ Are any children in poor health? _____

Grandchildren:

FULL LEGAL NAME	AGE	MARITAL STATUS	STATE/RESIDENCE

Parents, Siblings, Other Beneficiaries:

FULL LEGAL NAME	RELATIONSHIP	STATE/RESIDENCE

Charities: Do you desire to leave anything to a charity?

FULL NAME OF ORGANIZATION	LOCATION	OWNER/PRINCIPAL (If known)	TAX ID (If known)

Presently Owned Property/Assets

Real Estate:

ADDRESS	OWNERSHIP (i.e., how property titled)	DATE OF PURCHASE	VALUE AT TIME OF PURCHASE	ESTIMATED PRESENT VALUE	REMAINING BALANCE OF MORTGAGE

Securities (closely held, stocks and bonds)

NAME AND TYPE OF SECURITY	ACCOUNT NUMBER	APPROXIMATE PRESENT VALUE

Bank Accounts: Please include all savings, CDs, and checking accounts.

NAME AND TYPE OF ACCOUNT	ACCOUNT NUMBER	APPROXIMATE PRESENT VALUE	BANKING INSTITUTION

Automobiles: (Including cars, boats, and trailers)

MAKE AND MODEL OF CAR	FAIR MARKET VALUE	TITLE OWNER	PRESENT LIENS

Other Assets/Family Heirlooms:

_____

_____

Debts/Liabilities

Secured Debt: Please include all debts which are attached to collateral (i.e., a physical item, such as a car)

NAME AND TYPE OF DEBT	LENDING INSTITUTE	ORIGINAL AMOUNT OF DEBT	PRESENT VALUE OF DEBT

Unsecured Debt: Please include all debts which are not attached to collateral (i.e., student loans)

NAME AND TYPE OF DEBT	LENDING INSTITUTE	ORIGINAL AMOUNT OF DEBT	PRESENT VALUE OF DEBT

Future Assets

Life Insurance:

COMPANY	FACE AMOUNT	POLICY TYPE	OWNER	BENEFICIARIES	LOAN ON POLICY?

Anticipated Inheritance: Do you or your spouse expect to inherit any substantial property in the future which should be considered in planning your estate? _____

From Whom? _____
Approximate Amount? _____

Pension/Profit-Sharing Benefits: In death or retirement, does your employer make payments to you or your spouse under any qualified pension or profit sharing plan, deferred compensation plan? _____

Trust: Are you or your spouse the beneficiary of any trust? _____
Name/Type of Trust: _____
Do you or your spouse have the rights under the will or trust of another person to designate the beneficiaries of property? _____

Gifts

Have you made any gifts in excess of $10,000 to any one person in any one year after January 1, 1982? _____
If yes, was a gift tax return filed? ☐ Yes ☐ No

Business Interests

Name of Business: _____
Nature and Location of Business: _____
Form of Organization: _____
Nature and Proportion of Testator's Interest in Business: _____
Net worth of testator's interest: _____
Buy-sell or other agreements that would affect testator's interest in the business after death:
_____

Document Checklist: In certain circumstances, it may be necessary to provide a copy of the following documents. Although it is not necessary to bring any of the documents to the consultation, please note that it may make the process easier to bring anything you have available.

- Prior Will, Power of Attorney, Trust, or other Estate Planning Documents
- Life Insurance policies, particularly if there is a question as to how the beneficiaries are designated or impacted by any estate plan
- Buy-sell or other business agreements that would affect the testator's interest in the business after death
- Any deeds to which property is owned jointly, or if you wish to gift the property during life
- Itemized lists of tangible personal property, including guns, that you would like to be considered during the estate planning process