

# MULLAVEY, PROUT, GRENLEY & FOE LLP

## ESTATE PLANNING QUESTIONNAIRE

INSTRUCTIONS: Please complete this Questionnaire and bring it with you to our meeting. Please feel free to attach additional pages if you do not have enough room or wish to attach explanatory pages. If you have questions regarding any item, please place a “?” in the blank and we will discuss your questions at our meeting. **Please also bring copies of any current estate planning documents to our meeting.**

Meeting Date: \_\_\_\_\_

Attorney: \_\_\_\_\_

A.	<b><u>PERSONAL</u></b>	Spouse 1	Spouse 2
1.	Name:	_____	_____
2.	Other Names:	_____	_____
3.	Addresses:		
	a. Home	_____	_____
		_____	_____
	b. Mailing:	_____	_____
		_____	_____
4.	Telephone:		
	a. Home:	_____	_____
	b. Work:	_____	_____
5.	Age:	_____	_____
6.	Email Address	_____	_____
7.	Marriage Date:	_____	
8.	Citizenship:	_____	_____

**B. PRIOR MARRIAGES** (If applicable)

	Spouse 1	Spouse 2
1. Former Spouse:	_____	_____
2. Marriage Date:	_____	_____
3. Terminated by Death/Divorce on:	_____	_____
4. Obligations to or from former spouse:	_____	_____
5. Child Support:	_____	_____

**C. CHILDREN** (Please indicate if child of prior marriage)

1. **Living Children**

	Spouse 1	Spouse 2
a. Name:	_____	_____
Age:	_____	_____
b. Name:	_____	_____
Age:	_____	_____
c. Name:	_____	_____
Age:	_____	_____
d. Name:	_____	_____
Age:	_____	_____

2. **Deceased Children.** If either of you have any deceased children please list their names and the names of the surviving children of the deceased child, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. INTERSPOUSAL AGREEMENTS**

- 1. Have you ever executed a Community Property Agreement? \_\_\_\_\_
- 2. Have you ever executed any other agreements between spouses regarding your property (such as a pre-nuptial agreement)? \_\_\_\_\_
- 3. **Please bring copies of any agreements to our meeting.**

**E. TRUSTS**

- 1. Do you receive income from any trust?      YES      NO  
If yes, who created the trust? \_\_\_\_\_  
\_\_\_\_\_
- 2. Have either of you ever created a trust, except as part of a Will?      YES      NO  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
- 3. Please bring all instruments relating to the trusts to the meeting.

**F. DESIGNATED BENEFICIARIES**

Are any of your accounts (e.g. bank accounts, brokerage accounts) have another person's name on them or have a "TOD" or "POD" designation?      YES      NO

**If yes, please bring copies of your last statements with you.**

**G. GIFTS AND/OR INHERITANCES**

- 1. Are either of you likely to receive any gifts or inheritances?      YES      NO  
If yes, from whom and approximately how much? \_\_\_\_\_  
\_\_\_\_\_
- 2. Do either of you make or intend to make regular gifts to any person?      YES      NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. ASSETS**

Please list all of your assets. Under “Owner” and “Debtor” please indicate if it is owned by only one of you (if so indicate which one) or both of you. You can write a “J” for jointly owned assets.

**REAL PROPERTY**

	<b>Address</b>	<b>Approximate Value</b>	<b>Mortgage Amount</b>	<b>Approximate Equity</b>	<b>Owner</b>
1					
2					
3					
4					

**BANK ACCOUNTS AND CREDIT UNION ACCOUNTS**

	<b>Institution</b>	<b>Type of Account</b>	<b>Approximate Value</b>	<b>Owner</b>
1				
2				
3				
4				
5				

**INVESTMENTS (STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, ANNUITIES -- NOT IRAS)**

	<b>Institution/Company</b>	<b>Approximate Value</b>	<b>Owner</b>
1			
2			
3			
4			
5			

**LIFE INSURANCE**

	<b>Institution</b>	<b>Type of Policy (whole, term)</b>	<b>Death Benefit Amount</b>	<b>Named Beneficiary</b>	<b>Insured</b>
1					
2					
3					
4					
5					

**Personal Property**

	<b>Type of Property</b>	<b>Approximate Value</b>	<b>Owner</b>
1	Household goods		
2	Vehicles		
3	Boats		
4	Jewelry		
5	Other High Value Items		

**IRAS, 401(K), PENSION & DEFERRED COMPENSATION PLANS AND OTHER RETIREMENT PROGRAMS**

	<b>Institution/Company</b>	<b>Approximate Current Value</b>	<b>Death Benefits (if any)</b>	<b>Owner</b>
1				
2				
3				
4				
5				

**OTHER ASSETS**

	<b>Type of Asset</b>	<b>Approximate Value</b>	<b>Owner</b>
1	Interest in Closely Held Business		
2			
3			
4			

**Subtotal:** \$ \_\_\_\_\_

**ANY LIABILITIES OTHER THAN MORTGAGES**

	Type of Liability	Secured?	Approximate Amount Owed	Debtor
1				
2				
3				
4				
5				

LESS Other Liabilities (\$ \_\_\_\_\_ )

**Net Worth (Approximate)** \$ \_\_\_\_\_

**INSURANCE:**

What are your vehicle insurance collision liability limits? \_\_\_\_\_

Dou you have an umbrella policy? ?  YES  NO

If yes, how much is the Umbrella? \_\_\_\_\_

**I. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY**

1. What are any objectives or priorities that you have? \_\_\_\_\_

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2. Do either of you want to give anyone a specific gift (e.g.: \$10,000 to someone)?  YES  NO

If yes, please describe: \_\_\_\_\_

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3. To whom would each of you like to leave everything else? (Check one or more of the following)

- Each Other
- Children
- Grandchildren
- Other - Please Specify: \_\_\_\_\_

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4. Common Disaster. If no one named in the prior section survives you, to whom would you like to leave everything? (e.g. your children, grandchildren, etc. died at the same time or prior to you.)

SPECIFIC DOLLAR AMOUNTS (OPTIONAL): \_\_\_\_\_

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RESIDUARY BEQUESTS (MUST TOTAL 100%): \_\_\_\_\_

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5. Trusts.

Do you want to leave anything to anyone under 18?  YES  NO

Do you want to leave anything to someone receiving government benefits?  YES  NO

Are you concerned with the ability of any beneficiary to handling money?  YES  NO

6. Personal Representative/Executor(rix) – Who would you like to manage your estate?

Spouse 1

Spouse 2

1st Choice: \_\_\_\_\_

\_\_\_\_\_

2nd Choice: \_\_\_\_\_

\_\_\_\_\_

3rd Choice: \_\_\_\_\_

\_\_\_\_\_

7. Trustee – Other than your spouse, who should serve as trustee of any trust created in your Will? (e.g. spousal trusts, children’s trusts, grandchildren’s trusts)

Spouse 1

Spouse 2

1st Choice: \_\_\_\_\_

\_\_\_\_\_

2nd Choice: \_\_\_\_\_

\_\_\_\_\_

3rd Choice: \_\_\_\_\_

\_\_\_\_\_

8. If either of you have children who are not yet age 18, who should raise them if something were to happen to both you?

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

9. Cremation/Burial. Please indicate if you would like a request for cremation or burial in your Will or if you would rather not address this in your Will:

Spouse 1:  CREMATION  BURIAL  LEAVE THIS PROVISION OUT OF MY WILL

Spouse 2:  CREMATION  BURIAL  LEAVE THIS PROVISION OUT OF MY WILL

**J. DURABLE POWER OF ATTORNEY**

A Durable Power of Attorney is a document which is either effective upon signing or can become effective upon your incapacity. It allows an Attorney-in-Fact to assist you with health and/or financial decisions.

1. Have either of you ever executed a power of attorney before?  YES  NO

2. Was it recorded?  YES - **If yes, please be sure to bring a copy**  NO

3. Who would you like to assist you with health care and financial decisions during your life?

**HEALTH CARE:**

Spouse 1

Spouse 2

1st Choice: \_\_\_\_\_

\_\_\_\_\_

2nd Choice: \_\_\_\_\_

\_\_\_\_\_

3rd Choice: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL:**

Spouse 1

Spouse 2

1st Choice: \_\_\_\_\_

\_\_\_\_\_

2nd Choice: \_\_\_\_\_

\_\_\_\_\_

3rd Choice: \_\_\_\_\_

\_\_\_\_\_

**K. HEALTH CARE DIRECTIVE (LIVING WILL)**

The purpose of the Health Care Directive is to make known the desire of the person signing the document of his/her wish to have OR not have his/her life “artificially prolonged” in the case of a permanently unconscious or imminently terminal condition. Do you wish to have such a document prepared?

YES

NO

SEPARATE PROPERTY WORKSHEET

A. Please list out *in detail* each item of separate property held by the Spouse 1 (*please bring copies of deed for any real property*):

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B. Please list out *in detail* each item of separate property held by the Spouse 2 (*please bring copies of deed for any real property*):

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