Estate Planning Questionnaire

Exact Name				Date	
Spouse's Exact Name				,	
Either Spouse previously divorced?	yes □ no		Do y	ou still have obligations under □ yes □ no	the divorce decree?
Are there any estate planning or insurative divorce decree? ☐ yes ☐ no If yes, please provide a copy of the divo		ents in		ere an Antenuptial Agreementide a copy. □ yes □ no	t? If yes, please
Children (Note if from previous marria	ge)				
Name, Address, Phone	Birth date	Marri	ed	Grandchildren	Grandchildren Birth date
		□ yes □	no		
		□ yes □	J no		
		□ yes □	no		
		□ yes □	no		

Describe special needs of family members (if any)			
Do you have a safe or safe deposit box If yes, where is it located?	? □ yes □ no		
Do you have existing estate planning d			
	t: 🗆 yes 🗆 no	Spous	e: 🗆 yes 🗆 no
Anticipated inheritance:	Estimated amount		When anticipated
Recipient:	\$		
	L		
Would you like assets to be distributed	doutright to your child(ren)?	□ yes	\square no
Or			
Would you like assets to be held in tru	st for your shild(ren)?	□ voc	□ no
If assets are held in trust for your child			
0/ of +1	an truct accets at ago		
<u>%</u>	ne trust assets at age	<u>;</u>	
<u>%</u> of t	ne trust assets at age	<u>;</u>	
% of th	ne trust assets at age		
	ie trust assets at age		
I would prefer the trust assets to be di	stributed as follows:		
If no one in your immediate family is around to receive the ultimate disposition of your assets, to whom would you like them to be distributed? (i.e. nieces and nephews, siblings, charitable organizations)			

Accountant: Company Name and Address:	Phone #
Financial Planner Name and Address:	Phone #
Banker: Company Name and Address: Life Insurance Agent:	
Company Name and Address:	- THORE II
Other Advisor: Company Name and Address:	Phone #

Guardians Who should be the guardian of your mountil they reach the age of 18.	nor children? A guardian has physical ar	nd legal control over your children
First Choice	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
Name, Relationship	Name, Relationship	Name, Relationship
L		
Personal Representative - Client		
•	ative ("Executor") of your estate? A Pers	sonal Representative is responsible for
-	collecting your assets, and settling your	
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First Choice	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
, также, телевия польтир		
	ur estate plan, who should be the Truste	· · · · · · · · · · · · · · · · · · ·
,	sets placed into the trust. A Trustee mar pecified age. If you do not establish a tru any, or both to act as your Trustee(s).	•
First Charles	Consolidate	Third Chaire
First Choice	Second Choice	Third Choice
Name, Relationship	Name, Relationship	Name, Relationship
		
Γ		
Power of Attorney - Client		
	t another person the power to act on yo	
pay your bills if you become incompete	nt or unable to sign your name. The per	son (or persons) you designate is/are
called "Attorney(s)-in-Fact." Who woul	d you name as your Attorney(s)-in-Fact?	
First Choice	Second Choice	Third Choice
Name, Relationship, Address, Phone	Name, Relationship, Address, Phone	Name, Relationship, Address, Phone
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	ppoint someone to make health care de t you are unable to communicate them.	
First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone
Personal Representative – Spouse (if d	ifferent from above)	
Who should be the Personal Represent	ative ("Executor") of your estate? A Perscollecting your assets, and settling your	· · · · · · · · · · · · · · · · · · ·
First Choice Name, Relationship	Second Choice Name, Relationship	Third Choice Name, Relationship
who is responsible for managing the as	ur estate plan, who should be the Truste sets placed into the trust. A Trustee man pecified age. If you do not establish a tru	nages the assets for your children or
First Choice Name, Relationship	Second Choice Name, Relationship	Third Choice Name, Relationship

pay your bills if you become incompete	nt from above) nt another person the power to act on yo ent or unable to sign your name. The per ld you name as your Attorney(s)-in-Fact?	rson (or persons) you designate is/are
First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone
•	erent from above) appoint someone to make health care de nt you are unable to communicate them.	
First Choice Name, Relationship, Address, Phone	Second Choice Name, Relationship, Address, Phone	Third Choice Name, Relationship, Address, Phone

A funeral is not a day in a lifetime . . . but a lifetime in a day

For the average family, there are approximately 60 decisions to be made. Someone needs to:

Notify:

- Doctor
- Coroner
- Funeral Director
- Cemetery or Memorial Park
- Clergy
- Pallbearers
- Insurance agents
- Unions or Fraternal Organizations
- Newspapers
- Organist

Select:

- Cemetery property
- Funeral services
- Casket or urn
- Clothing and music
- Floral arrangements
- Thank you cards
- Time and place for funeral
- Time and place for visitation
- Memorial folders
- Markers and inscriptions
- Readings for opening ceremony
- Video or audio for service
- Memorial donations or flowers

Provide and/or answer:

- Vital Statistics about the deceased (about 20 questions)
- Addresses for all people who must be notified
- Arrangements for out of town visitors
- Jewelry/glasses
- Clothing for deceased
- Information for the eulogy

Arrangements must be made to pay for the following items immediately:

- Doctor
- Hospital
- Nurses
- Prescriptions
- Ambulance
- Funeral and obituaries
- Cemetery and internment fees
- Clergy, organist, soloists
- Florist
- Clothing
- Transportation
- Luncheon

Locate and prepare:

- Pictures and memorabilia
- Sign all legal paperwork
- Discharge papers (if veteran)
- Luncheon details what/where/who
- Payment for services
- Transportation for family and guests
- Religious and fraternal items

In addition:

- Answering sympathetic phone calls
- Greeting friends and relatives when they call or drop by