



Affordable Legal Documents LLC
Estate & Asset Protection Systems LLC

Greetings,

Congratulations on your decision to begin your estate planning. You will feel a huge burden lifted when you finally sign your documents knowing that you have done the right thing to protect you, your family and your assets. This Questionnaire will prompt you for the information necessary to get started.

Please complete as much as you can. If you are not sure about something, make some notes. We will go over this information in great detail so that we are both clear about your information and your wishes.

Instructions: This is a pdf fill-in form. FIRST, download and save this to your computer and then open it from there. This will allow you to save your entries, otherwise, they will not be saved when you close the file. Each time you want to save your entries, you may be asked "Do you want to replace the existing documents", select "Yes."

Some things to remember as you fill in the blanks:

1. Always use **full legal names**.
2. Fill in as much **contact information** as possible.
3. A lot of the information, particularly contact information, **may be redundant, so you only need to enter it one time**. For example, if any of your children are still living at home, you don't have to enter their address, etc. because you have already entered it on page 1.
4. When you come to the **Assets and Liabilities** section, understand that information is (1) essential to evaluating your unique situation. (2) It also becomes a check list for implementing/funding your trust. (3) It is necessary to evaluate your potential estate tax, if any. (4) It is used to design your Estate and Asset Protection System™ if appropriate.
5. **DO YOUR BEST**. Complete as much as you can. When we go over it together you will have an opportunity to ask questions, and I will have many questions for you.

Thank you! for allowing us to assist you in this important work.

Gratefully,

Larry Mulcock
Affordable Legal Documents LLC
Estate & Asset Protection Systems LLC
801-654-3057
mulcock@sisna.com

PERSONAL & FAMILY INFORMATION

HELP: “Settlers” means you, the one(s) setting up your Trust. The Settlor(s) “settle” the Trust meaning you are setting up your Trust.

Settlor / Husband Name _____

Citizenship _____ Date of Birth _____

Prior Marriages _____

Prior Names _____

Health History _____

Employment _____

Work Phone _____ Fax _____

Cell Phone _____ Home Phone _____

Email _____

YES ___ NO ___ Current Estate Plan? If “Yes,” please describe _____

Settlor / Wife _____

Citizenship _____ Date of Birth _____

Prior Marriages _____

Prior Names _____

Health History _____

Employment _____

Work Phone _____ Fax _____

Cell Phone _____ Home Phone _____

Email _____

Home Address _____

City _____ County _____ State ___ Zip _____

Mailing Address (if different) _____

YES ___ NO ___ Current Estate Plan? If “Yes,” please describe _____

YES ___ NO ___ Do you have any relatives or any other persons that depend on you for all or part of their support? _____

CHILDREN

____ **Child or** ____ **Non-child Beneficiary #1**

Name _____ Date of Birth _____
Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____
Spouse's name _____ How many Children _____
Home Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____
Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

____ **Child or** ____ **Non-child Beneficiary #2**

Name _____ Date of Birth _____
Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____
Spouse's name _____ How many Children _____
Home Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____
Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

____ **Child or** ____ **Non-child Beneficiary #3**

Name _____ Date of Birth _____
Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____
Spouse's name _____ How many Children _____
Home Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____
Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

ESTATE PLANNING QUESTIONNAIRE – MARRIED WITH MINOR CHILDREN

____ **Child or** ____ **Non-child Beneficiary #4**

Name _____ Date of Birth _____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

____ **Child or** ____ **Non-child Beneficiary #5**

Name _____ Date of Birth _____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

____ **Child or** ____ **Non-child Beneficiary #6**

Name _____ Date of Birth _____

Child's Parents _____ Natural? ____ Adopted? ____ Foster? ____

Spouse's name _____ How many Children _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Are there any Special Needs for this child's family? _____
Physical, mental or other disability?

REVOCABLE LIVING TRUST

HELP: For estate planning purposes, you, as the Settlor, are “settling” or setting up a “revocable trust.” The Trust is a contract (not an entity) in which the Settlor (YOU) appoint the Trustees (YOU) to manage assets that are transferred to the Trust for the benefit of the Beneficiaries (YOU).

HELP: Trust Name – Generally, the Trust bears the names of the Settlor, such as “The William Smith Family Trust.” However, you can name it anything you want.

Trust Name _____

TRUSTEES

HELP: *Trustee* – The Trustee is technically the owner of the trust property, but we often think of the owner as being the Trust, which is fine. The Trustee(s) is the party(s) to the Trust who manages the Trust assets and property as instructed by the Settlor(s) in the Trust contract.

HELP: *Successor Trustee* – If the Original Trustees die the Successor Trustee(s) steps into the place of the Trustees and takes over the management and distributions of the Trust assets to the new Beneficiaries.

If the Original Trustees becomes incapacitated and are still alive but not able to perform the Trustees’ duties, the Successor Trustee steps in to manage the Trust until the Original Trustees either regains their capacity or die. We suggest you have one or two backup Successor Trustees in case one is not available or refuses to do the job.

NOTE: If there are trustworthiness concerns, you can have more than one Trustee or Successor Trustee at a time to provide a check and balance. It is better to have an odd number so that a disagreement cannot end in deadlock making the services of a judge necessary to resolve a conflict.

NOTE: It is good to have some back-ups named in case your first choice can’t or is not willing to serve. We recommend two back-ups, but you may have more if you desire. Back-ups are not required. If there is no one specified in the Trust, the Beneficiaries can elect someone, but, if no one is appointed or they can’t agree, a judge will need to pick a replacement.

YOU are the Original Trustee(s)

We recommend that you name at least two successor Trustees, three if possible. You can name as many as you would like.

1st Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

3rd Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

4th Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

5th Successor Trustee

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

DISTRIBUTION SCHEME FOR YOUR ESTATE

INSTRUCTIONS: To ensure that your documents will do what you want, it is important to know your options and be very clear. Read the following information before you decide. We will discuss this with you before we start your documents until we are satisfied that both you and we are clear. Be sure to (1) always use full legal names and (2) Please provide as much contact information as possible.

HELP: “*Trust Estate*” means everything owned by your Trust.

HELP: “*per stirpes*” or “*by right of representation*” means your estate is to be divided into shares, equal or unequal, one share for each beneficiary. For example, if one of your children predeceases you, that child’s share of your estate would be split between that child’s children/your grandchildren. A deceased beneficiary’s share follows their bloodline, that is, to their children.

HELP: “*per capita*” means your estate is to be divided equally between the surviving beneficiaries. For example, if a one of your children dies before you, that child’s share would be split among their siblings, your surviving children, and nothing would go to their children, your grandchildren.

THINGS TO CONSIDER:

1. Division of the Trust Estate
 - a. Divide the Trust Estate equally between the children or do you want an UNEqual distribution?
 - b. Do you want to “disinherit” anyone?
 - c. Do you have special situations such as a handicapped child receiving government benefits?
2. What if a child dies before you do?
 - a. If a child predeceases me, divide that child’s share equally among that child’s children. This is called either a “per stirpes” distribution or distribution “*by right of representation.*”
 - b. If a child predeceases me, divide their share equally among their siblings – “per capita.”
3. When do you want them to get their share?
 - a. As soon as possible after you die.
 - b. When they reach a certain age, for example:
 - i. When each child turns 21
 - ii. After the youngest child turns 21
 - iii. 30% when they turn 21, 30% when they turn 25, the balance when they turn 28
 - iv. Hold the entire estate in trust for the benefit of all minor children. When the youngest child turns 21, divide what is left equally per stirpes.
 - c. When they accomplish a certain task, such as a college degree, get married or by a house.
4. Do you want to leave anything to charities, such as Utah Youth Village or the University of Utah?
5. Do you want to leave anything to non-family members, such as a friend or a foster child?

ESTATE DISTRIBUTION:

YES __ NO __ Do you have any specific concerns with regard to the final distribution of your estate?

YES __ NO __ Are there any children, grandchildren or any other relative you want to disinherit?

YES __ NO __ Do you wish to make any anatomical bequests / be an organ donor?

YES __ NO __ Do you wish to leave any of your estate to charitable organizations?

LAST WILLS AND TESTAMENTS

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A “pour-over will” means that your Last Will and Testament has a provision that leaves everything not in your Trust to your Trust. In other words, the Trust is the sole heir of your Will, that is to say that your Will “pours” everything “over” into your Trust.

PERSONAL REPRESENTATIVES

HELP: A “*personal representative*” (formerly known as an “*executor*”) represents your estate after you die. The Personal Representative takes care of distributing all your stuff you did not transfer to your Trust.

NOTE: Usually, the Personal Representative and Alternate Personal Representative s are the same people as the Successor Trustees. The Personal Representative deals with non-Trust assets and the Trustee deals with Trust assets. It makes it less complicated if only one person must sign and coordinate activities. A committee takes longer to get things done.

NOTE: If there are trustworthiness concerns, you can have more than one Personal Representative and Trustee at a time to provide a check and balance. It is better to have an odd number so that a disagreement cannot end in deadlock making the services of a probate judge necessary to resolve a conflict.

NOTE: It is good to have some back-ups named in case your first choice can’t or is not willing to serve.

PERSONAL REPRESENTATIVE

We recommend that you name at least one Alternate Personal Representative, two if possible. You can name as many as you would like.

Husband – Primary Personal Representative (Usually your spouse)

Name _____ Relationship: _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband - 1st Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband - 2nd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband - 3rd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband – 4th Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

PERSONAL REPRESENTATIVE

We recommend that you name at least one Alternate Personal Representative, two if possible. You can name as many as you would like.

Wife – Primary Personal Representative (Usually your spouse)

Name _____ Relationship: _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife - 1st Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife - 2nd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife - 3rd Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife – 4th Alternate Personal Representative

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

GUARDIAN FOR MINOR CHILDREN

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A “*guardian*” is someone who has legal custody of another person’s body (as opposed to their property – see “conservator”). It is in your Last Will and Testament where you specify guardians for your minor children. The legal role of the Guardian will end when your child turns 18.

NOTE: Guardians do not need be the same people as your Personal Representative or Successor Trustees.

NOTE: Some things to consider when selecting the Guardians are age, financial resources, number of children, health, geographic location, religious and moral preferences, neighborhood, etc.

NOTE: If you would like a certain couple to be the Guardians of you minor children, ask yourself the following questions: “If the husband died, would I want the wife to serve as Guardian alone?” “If the wife died, would I want the husband to serve as Guardian alone? If the answer is “Yes,” it is best to list your preference of the two first, followed by your second choice. If the answer is “No” for one but not the other, you should just list your “Yes” choice followed by a third person back-up.

NOTE: We recommend that you have at least one or two alternates. You may have as many as you think are necessary.

CONSERVATOR FOR MINOR CHILDREN

INSTRUCTIONS: Often the Conservator is the same person as the Guardian, but not always. If they are to be the same, just write “Same.”

HELP: A “conservator” is someone who has legal stewardship and custody of another person’s property and has a fiduciary obligation to manage the property for the sole benefit of that person. It is in your Last Will and Testament where you specify a Conservator to manage your estate for the benefit of your minor children. The authority of the conservator will end when your child turns 18.

NOTE: A Conservator does not need be the same people as your Guardian, Personal Representative or Successor Trustees. However, it is often the same as the Guardians since they are the ones who will be in intimate daily contact with your children and perhaps most aware of their needs.

NOTE: Some things to consider when selecting a Conservator are their financial experience and judgment, their concern and relationship with your children, their attitude and propensity toward thrift or spendthrift, their relationship with the Guardian, etc.

NOTE: If you would like a certain couple to be the Guardians of you minor children, ask yourself the following questions: “If the husband died, would I want the wife to serve as Guardian alone?” “If the wife died, would I want the husband to serve as Guardian alone? If the answer is “Yes,” it is best to list your preference of the two first, followed by your second choice. If the answer is “No” for one but not the other, you should just list your “Yes” choice followed by a third person back-up.

Primary Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

1st Alternate Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

2nd Alternate Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

3rd Alternate Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

4th Alternate Guardian

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

_____ Check here if you want additional Alternate Guardians and enter their information below.

Primary Conservator _____ Check here if the Primary Conservator is the same person as the Primary Guardian.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

1st Alternate Conservator _____ Check here if the 1st Alternate Conservator is the same person as the 1st Alternate Guardian.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

2nd Alternate Conservator _____ Check here if the 2nd Alternate Conservator is the same person as the 2nd Alternate Guardian.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

3rd Alternate Conservator _____ Check here if the 3rd Alternate Conservator is the same person as the 3rd Alternate Guardian.

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

4th Alternate Conservator

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

_____ Check here if you want additional Alternate Guardians and enter their information below.

DURABLE GENERAL POWER OF ATTORNEY

HELP: A “*Financial Agent*” appointed in your Durable General Power of Attorney is someone you authorize to manage your affairs in the event you become incapacitated. It is active until you either regain your capacity or die. The Financial Agent under your Durable General Power of Attorney, or Alternate Financial Agents, are usually the same people as the Successor Trustees in the same order. In the event of your incapacity, your Agent manages your non-Trust assets, and the Trustee/Successor Trustee(s) manages your Trust assets. It makes it less complicated if only one person must sign and coordinate activities. A committee takes longer to get things done.

POWER OF ATTORNEY (FINANCIAL)

We recommend that you name at least one Alternate Personal Representative, two if possible. You can name as many as you would like.

Husband – Primary Financial Agent (Usually your spouse)

Name _____ Relationship: _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Cell Phone _____ email _____

Husband - 1st Alternate Financial Agent

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Cell Phone _____ email _____

Husband - 2nd Alternate Financial Agent

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Cell Phone _____ email _____

Husband – 3rd Alternate Financial Agent

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Cell Phone _____ email _____

POWER OF ATTORNEY (FINANCIAL)

Wife – Primary Financial Agent (Usually your spouse)

Name _____ Relationship: _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Wife - 1st Alternate Financial Agent

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Wife - 2nd Alternate Financial Agent

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

Wife – 3rd Alternate Financial Agent

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ email _____

HEALTH CARE POWER OF ATTORNEY

INSTRUCTIONS: Be sure to (1) Always use full legal names and (2) provide as much contact information as possible.

HELP: A “*Health Care Agent*” is a person appointed by you in your Health Care Power of Attorney, more technically known as a “Medical Directive.” You grant to this person your power to make medical and health care decisions for you if you, for whatever reason, cannot make them yourself. Each State legislature has approved its own version that usually incorporates the Living Will.

HELP: A “living will,” more technically known as a “Medical Directive to Physicians and Providers of Health Care” is a document in which you express your desires relative to ongoing medical and health care services in the event you are irrevocably in the process of dying. No person is appointed to act for you under this document. It is State-specific and usually combined with the Health Care Power of Attorney.

NOTE: Your Health Care Agent need not be the same as anyone already named in the previous documents. In fact, it is often not the same person. Some things to consider when selecting your Health Care Agent and Alternates are age, familiarity with medical and health care matters, disposition under stressful circumstances, assertiveness, etc.

NOTE: It is good to have some back-ups named in case your first choice can’t or is not willing to serve.

HEALTH CARE AGENTS

Husband – Primary Health Care Agent (Usually your spouse)

Name _____ Relationship: _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband - 1st Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband - 2nd Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband – 3rd Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Husband – 4th Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

HEALTH CARE AGENTS

Wife – Primary Health Care Agent (Usually your spouse)

Name _____ Relationship: _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife - 1st Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife - 2nd Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife – 3rd Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

Wife – 4th Alternate Health Care Agent

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____
Cell Phone _____ email _____

ASSETS AND LIABILITIES

This information is:

1. essential to evaluating your unique situation,
2. becomes a check list for implementing/funding your trust,
3. is necessary to evaluate your potential estate tax, if any, and
4. is used to design your Estate and Asset Protection System™ if appropriate.

INSTRUCTIONS:

5. Be as details as possible, but not too detailed. In other words, enter the name of the bank, type of account and typical balance, but not the account number. The same applies to credit cards.
6. Whenever possible, indicate who or what owns each asset or liability. For example, an account has only one spouse on a rental property owned by an LLC, or to whom each IRA belongs. Separate property or community property may indicate that some special drafting may be needed. This is particularly true for multiple marriages and merged families. We will ultimately need to know which assets are intended to be joint and which are separate property.
7. Enter the address or some other description of the real estate, enough so that we can identify what state it is in and the type of use, such as a residential rental, farm property or a cabin in the mountains.
8. We do not need exact balances on accounts and debts, only estimates. The same applies to the fair market value.
9. The detail request for each life insurance policy is necessary to determine the disposition and ownership of each policy.
10. Possible inheritance is important because most people do not consider it an asset or part of their net worth. However, it can wreak havoc with a plan if not anticipated. Your best estimate is all we need.
11. Do your best. You may have questions. We will likely have questions for you as well. If you are uncertain about an entry, leave it blank or put a “?” next to it to remind both of us that it needs attention.

ESTATE PLANNING QUESTIONNAIRE – MARRIED WITH MINOR CHILDREN

Title	Description	Debt	Fair Market Value
Personal Property, Collectables, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Vehicles, Boats, Toys, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Cash, Checking & Savings Accounts			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Personal Consumer / Credit Card Debt			
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
Personal Notes, Contracts, Accounts Receivable			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – MARRIED WITH MINOR CHILDREN

Title	Description	Debt	Fair Market Value
Personal Use Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Rental Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Land & Development Real Estate			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Closely-Held Businesses – Corporations, Limited Liability Companies, Partnerships, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Patents, Trademarks, Copy Rights, Royalties, etc.			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Non-US Assets			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – MARRIED WITH MINOR CHILDREN

Title	Description	Current Value
Taxable Investments (stocks, bonds, mutual funds, etc.)		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Tax Deferred/Tax Free Investments (IRAs, Retirement Plans, Medical or College Savings Plans, etc.)		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Assets

Anticipated Inheritance		Estimated Value
	Description	
Husband	_____	\$ _____
Wife	_____	\$ _____
Other	_____	\$ _____

ESTATE PLANNING QUESTIONNAIRE – MARRIED WITH MINOR CHILDREN

Life Insurance

1. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
2. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
3. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
4. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
5. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____
6. Company _____ Type of Policy _____
Owner _____ Beneficiaries _____
Insured _____ Date Issued _____
Premium \$ _____ Cash Value \$ _____ Death Benefit \$ _____

Other insurances

Husband

- YES ___ NO ___ Disability – Short Term _____
YES ___ NO ___ Disability – Long Term _____
YES ___ NO ___ Medical _____
YES ___ NO ___ Long-Term Care _____

Wife

- YES ___ NO ___ Disability – Short Term _____
YES ___ NO ___ Disability – Long Term _____
YES ___ NO ___ Medical _____
YES ___ NO ___ Long-Term Care _____

SOURCES OF INCOME

Source of Income	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUPPLEMENTAL QUESTIONS

1. YES ___ NO ___ Do you have a prenuptial or post-nuptial agreement?
2. YES ___ NO ___ Do you have any ongoing, unsatisfied or delinquent legal or financial obligations to prior spouses or children?
Please Explain _____

3. YES ___ NO ___ Do you owe the IRS any money?
Please Explain _____

4. YES ___ NO ___ Are you currently being audited by the IRS?
5. YES ___ NO ___ Are there any years for which you have not filed a tax return? Years _____
6. YES ___ NO ___ Do you have any outstanding judgments or unsatisfied creditor claims?
Please Explain _____

7. YES ___ NO ___ Do you have any pending litigation or anticipate new litigation?
8. YES ___ NO ___ Are you a sole proprietor, partner or general partner in a business venture?
9. YES ___ NO ___ Are you a guarantor on any obligations not disclosed in the above?
Please Explain _____

10. YES ___ NO ___ Have you ever filed a federal Gift Tax Return?
11. YES ___ NO ___ Do you own any gun?