**ESTATE PLANNING QUESTIONNAIRE**

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| **Submitted to [your name(s)]:** |  |

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**W E A L T H P R E S E R V A T I O N G R O U P**

**—Please read before beginning your responses to this Questionnaire—**

Your job is to teach us about you. Our job is to teach you about your options.

Proper estate planning, including implementation of those plans, requires tedious attention to details, typically more attention than most people are accustomed to giving. Protecting ownership, preserving value and transferring assets as intended depends on those details.

So, to render these valuable services for you, we must know more about you than the value of your assets in the marketplace. We must know what it is that has value to you. This Questionnaire is designed to begin that process. The quality of your estate plan depends on it!

Also, proper estate planning goes beyond just taxes and the mere handling of your material assets. It includes addressing your “comprehensive wealth”—the rich matters of family, friends, faith, community and ideals, all of which comprise your personal legacy or remembrance.

Please know that all information you provide will be kept confidential unless you authorize its release to others, including any of your other advisors. However, if you are married and asking us to represent both spouses, we must and will treat all communications by either spouse (including a desire to terminate the joint representation) as commonknowledge tobe shared among all ofus, while maintaining strict confidentiality as toanyone else. Furthermore, it is very important for couples to undertake this process together, unless there is some reason for separate planning. So, if we will be working for both parties, each party should work on all parts of this Questionnaire; and we insist that both parties attend the initial conference together.

**Please complete and return this Questionnaire to us at least one week prior to our initial planning meeting. You may return the Questionnaire via e-mail or regular mail. If possible, please also forward copies of your current estate planning documents (if any). Reviewing these items in advance allows us to make the best use of our time during the initial planning meeting.**

**INDEX TO QUESTIONNAIRE**

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| **STEP** | **DUAL REPRESENTATION**. |
| **1** | If you are a couple seeking advice together, please read the consent and sign (if applicable).  |

**DUAL REPRESENTATION**

Legal ethics require that you be given an explanation of “dual representation” and that we obtain your consent before we undertake dual representation. Dual representation occurs when a lawyer represents two or more clients at the same time on the same matter. You may have differing interests, if not potential or actual conflicts of interest. These differing interests may affect the lawyer’s ability to serve each of you with independent legal advice. For example, you may have differing desires regarding the titling of property during life or the disposition of property after the death of either of you. If each of you had a separate lawyer, each of you would have an "advocate" and would receive totally independent advice.

On the other hand, in amicable circumstances, where each of you apparently shares the same objectives, the use of one lawyer or firm can assist in developing a coordinated overall plan, encourage the resolution of possible differing interests, and, of course, produce cost savings and efficiencies.

With regard to client confidences, each of you should realize that the lawyer or law firm cannot keep information confidential between you, since the lawyer is serving both of you. Therefore, by requesting dual representation, each of you is authorizing the lawyer and law firm to reveal each of your incomes, assets and liabilities, contents of documents and other disclosures and information to the other.

After considering these factors, each of you must decide whether the lawyer and law firm will continue to represent both of you in connection with your estate planning and related matters. If in the future either of you wishes to have the advice of a separate lawyer, you can do so. Finally, upon the request of either of you, we are obligated to withdraw from representing both of you.

**CONSENT TO DUAL REPRESENTATION**

We have reviewed the foregoing information. Each of us realizes that there are areas where our interests and objectives may differ and areas of potential or actual conflicts of interest. We understand that each of us may retain a separate lawyer in connection with our estate planning and related matters. After careful consideration, each of us consents to dual representation and requests that **Monroe Moxness Berg PA** represent both of us.

Date:      \_\_\_\_\_\_\_\_\_\_ , 20      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date:      \_\_\_\_\_\_\_\_\_\_ , 20      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name:

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| **STEP** | **GENERAL INFORMATION**. |
| **2** | If you are a couple seeking advice together, please use “Client 1” and “Client 2” for the same parties consistently throughout |

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| **Client 1 Information** |
| ♦Name to be on your documents(Like the way you sign your name) |  |       |
| ♦Full name plus all “a/k/a” Names(Birth, marriage, Social Security, and other names) |  |       |
| Place of Birth |  |       | Birth date: |  |       |
| SSN: |  |       |  | US Citizen: [ ]  Yes [ ]  No |  |
| Driver’s License State & # |  |       | State of Voter Registration |  |       |
| Home Address, City, St, Zip |  |       |
| Home Telephone |  |       |  | County of Residence |  |       |
| Business Telephone |  |       |  | Cell Phone  |  |       |
| Employer |  |       |  | Position  |  |       |
| Email (home) |  |       |  | [ ]  Mark if it’s okay to receive confidential info. |
| Email (work) |  |       |  | [ ]  Mark if it’s okay to receive confidential info. |
| [ ]  Presently Married [ ]  Presently Widowed [ ]  Presently Divorced [ ]  Never Married |
| Date of Present Marriage |  |       |  | Premarital or Postnuptial Agreement? [ ]  Yes [ ]  No |
| **Client 2 Information (If married, include spouse info below even if spouse is not seeking our advice.)** |
| ♦Name to be on your documents(Like the way you sign your name) |  |       |
| ♦Full name plus all “a/k/a” Names(Birth, marriage, Social Security, and other names) |  |       |
| Place of Birth |  |       | Birth date: |  |       |
| SSN: |  |       |  | US Citizen: [ ]  Yes [ ]  No |  |
| Driver’s License State & # |  |       | State of Voter Registration |  |       |
| Home Address, City, St, Zip |  |       |
| Home Telephone |  |       |  | County of Residence |  |       |
| Business Telephone |  |       |  | Cell Phone  |  |       |
| Employer |  |       |  | Position  |  |       |
| Email (home) |  |       |  | [ ]  Mark if it’s okay to receive confidential info. |
| Email (work) |  |       |  | [ ]  Mark if it’s okay to receive confidential info. |

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| **STEP** | **Family, Relatives, and Potential Beneficiaries**There are generally 3 types of beneficiaries:[1] **Specific Beneficiary** (“SB”)—a beneficiary who gets a specific item, amount or percentage “off the top” (e.g., “$5,000 to my cousin Vinnie”)[2] **Residuary Beneficiary** (“RB”)—a beneficiary who gets a percentage share of what’s left after what goes to Specific Beneficiaries and to pay debts and expenses (e.g., “the rest to my children”)[3] **Remote Contingent Beneficiary** (“RCB”)—a beneficiary who gets what’s left if no Residuary Beneficiary is around to get anything (e.g., “if nobody else, then to my heirs at law”)For each person you intend to be a beneficiary, please specify “SB” or “RB” or “RCB” as their status. |
| **3** |

**Living Children, Grandchildren, Great Grandchildren**

**(even if not an intended beneficiary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1? C2?****Both?** | **Full Legal Name** | **Relation** | **DOB** | **Comments / Status** |
|       |       |       |       |       |
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| **STEP** | **Family, Relatives, and Potential Beneficiaries****(CONTINUATION #1)**For each person you intend to be a beneficiary, please specify “SB” or “RB” or “RCB” as their status. |
| **3** |

**Living Parents, Siblings, Nieces, Nephews
(even if not an intended beneficiary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1? C2?****Both?** | **Full Legal Name** | **Relation** | **Age** | **Comments / Status** |
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**Potential Non-family Beneficiaries**

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| **C1? C2?****Both?** | **Full Legal Name** | **Relationship** | **Age** | **Comments / Status** |
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| **STEP** | **Family, Relatives, and Potential Beneficiaries****(CONTINUATION #3)**There are ways to give to charity, including ways to reduce taxes (immediately, perhaps), without reducing the amounts you want to go to individuals. Would you like to discuss strategic gifting strategies? Yes [ ]  No [ ]  (If “No,” skip to Step 6)If “Yes,” list each organization below, and specify “SB” or “RB” or “RCB” as its status. |
| **3** |

**Potential Charitable Beneficiaries**

|  |  |  |  |  |
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| **C1? C2?****Both?** | **Organization Name** | **Purpose**(if special) | **How Much**($ or %) | **Status** |
|       |       |       |       |       |
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If you have named more than one organization and, for whatever reason, that organization does not exist at the time that you intend it to receive something from your estate, please specify your preference:

[ ]  I want that share to pass to the remaining named organizations in proportion to the shares of those remaining named organizations.

[ ]  I want that share to pass to an un-named organization serving a similar purpose and selected by whoever is in charge of handling my estate at that time.

[ ]  I want that share to lapse and be absorbed for distribution under other provisions for disposition of my estate.

Do you want to make special mention about why you are leaving something to charity, so that your family might understand and appreciate something about your motivation or intentions? Yes [ ]  No [ ]

Is a special remembrance or personal legacy important to you? Yes [ ]  No [ ]

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| **STEP** | **Family, Relatives, and Potential Beneficiaries****(CONTINUATION #4)** |
| **3** |

Does any named person have special educational/medical/physical needs or receive government benefits? [ ]  Yes [ ]  No

Are you concerned with any named person’s ability to handle/manage money? [ ]  Yes [ ]  No

Has any named person been separated or divorced, or do you have any future concerns about this? [ ]  Yes [ ]  No

Are you concerned with any named person’s ability to get along with any other named person? [ ]  Yes [ ]  No

Do you want to include potential after-born or after-adopted children (*i.e.*, yours) as beneficiaries? [ ]  Yes [ ]  No

Would you like to discuss specific arrangements for any pets upon your death or disability? [ ]  Yes [ ]  No

In leaving an inheritance, equality may or may not be considered fair. Which statement most closely reflects your thoughts on the subject regarding your children? NOTE: You must check one or the other.

[ ]  Regardless of individual circumstances or need, each child should receive an equal share of my estate. [ ]  C1 [ ]  C2 [ ] Both

**OR**

[ ]  Somehow, distributions should be based on individual need and circumstances of each child.
 [ ]  C1 [ ]  C2 [ ] Both

There are two different ways that property can pass to descendants of deceased parents. Which statement most closely reflects your thoughts on which way you prefer? NOTE: You must check one or the other.

[ ]  I prefer that grandchildren and nieces/nephews inherit shares based on what their respective predeceasing parent was to get, regardless of the size of their family (*i.e.*, like pie slices—each child in a larger family gets a smaller share than each child in a small family). The Latin phrase for this way is ***per stirpes***. [ ]  C1 [ ]  C2 [ ] Both

**OR**

[ ]  I prefer that all heirs in a given class (*i.e.*, those on the same level of kinship relative to me) inherit equal shares among themselves in the event of their parent’s predeceasing. The Latin phrase for this way is ***per capita***. [ ]  C1 [ ]  C2 [ ] Both

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| **STEP** | **A****PPOINTMENTS – PEOPLE TO ASSIST YOU**One of the most important aspects of any estate plan is to name people to assist you and your family in times of need – particularly when death or incapacity strikes. These appointed “helpers” are called different names depending on the type of estate plan you eventually elect to implement. |
| **4** |

**Guardians for Minor Children (if applicable)**

**Who do you want to raise your minor children upon your death or incapacity?** We suggest people who share your values, who would be young and energetic enough to take on the task, and who would be willing to blend their families. For now, focus on identifying qualified people with good relationship skills, and think less about geography and even less about economics. These people are often different from the people you designate elsewhere in this Questionnaire to manage the money and assets that you leave for the benefit of your children.

**NOTE:** To avoid potential future conflicts, both parents should agree now on their choices. Also, to avoid a battle for custody in the event of separation or divorce, we suggest that you not name people jointly, or if you do, then specify that the couple must be married and living together.

**ADDITIONAL NOTE:** We urge you to write a letter of instructions and recommendations, and keep it updated annually, for things you want these people to know about each child and how you want each child raised when you are no longer able to do those things or tell anyone about them.

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|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name      | Name      |
| **Second Choice** | Name      | Name      |
| **Third Choice** | Name      | Name      |

**Personal Representatives**

**Who do you want to administer your estate upon your death?** This is a short-term, statutory job which requires a minimal degree of administrative and organizational skills, including the timely filing of inventories and reports with the clerk of court. Proximity to your resident County is beneficial but not mandatory. It is permissible to name people jointly. **NOTE: Name your spouse “First Choice” if that is your intention.**

|  |  |  |
| --- | --- | --- |
|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name      | Name      |
| **Second Choice** | Name      | Name      |
| **Third Choice** | Name      | Name      |

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| **STEP** | **APPOINTMENTS – PEOPLE TO ASSIST YOU****(CONTINUATION #1)** |
| **4** |

**Financial Agents (e.g., Attorneys-in-Fact or Trustees)**

In the event of your incapacity, do you wish for anyone to be able to make gifts of any of your property for any of the following or different reasons: (1) gifts conforming to your own historical giving, (2) gifts for someone’s tuition program, (3) gifts for someone’s medical expenses, (4) gifts limited to the annual gift tax exclusion, (5) gifts in excess of the annual gift tax exclusion, and/or (6) gifts to qualify you for governmental benefits?

No [ ]  Yes [ ]  **If yes, which ones (by number); or, perhaps, for what other reasons?**

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|       |

**Who do you want to handle your finances and assets when you can’t, upon becoming incapacitated (incompetent) and/or following your death for some extended period of time?** These are people with good money-management skills, themselves, or with sense enough to seek professional counsel of those who have those skills. It is helpful if they share your values about money and wealth. Proximity to your resident County is not as important as for Executors. It is permissible to name people to serve jointly. **NOTE: Name your spouse “First Choice” if that is your intention.**

**While You are Alive but Incapacitated**

|  |  |  |
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|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name      | Name      |
| **Second Choice** | Name      | Name      |
| **Third Choice** | Name      | Name      |

**After Your Death (long-term trustees)**

|  |  |  |
| --- | --- | --- |
|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name      | Name      |
| **Second Choice** | Name      | Name      |
| **Third Choice** | Name      | Name      |

If none of the named people are able to perform their functions, who would you name to be able to appoint someone else (other than the person you are about to name) to perform those functions, instead of leaving that process up to the courts?

|  |  |  |
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|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name      | Name      |
| **Second Choice** | Name      | Name      |

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| **STEP** | **APPOINTMENTS – PEOPLE TO ASSIST YOU****(CONTINUATION #2)** |
| **4** |

**People to Determine Your Incapacity**

**Who would you want to decide when you are incompetent (*i.e.*, when someone should take your checkbook away from you)?** Instead of requiring formal incompetency proceedings or relying on opinions of doctors who may not know you well or who may be reluctant to sign a formal declaration, you may designate a Disability Panel to make that determination. You should name at least 3 or, better, 5 or 6 such people to collaborate in making this decision.

These people need not all be family members. They can include friends, siblings, other relatives, close group members, pastors, priests, rabbis, *etc.*—anyone whom you trust to have your best overall interests at heart.

Naming people to this panel does not give any of them any financial or guardianship powers whatsoever.

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| **Client 1 Responses** | **Client 2 Responses** |
| Name      | Name      |
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How should that decision be made?

 **Client 1 Response:** **Client 2 Response:**

[ ]  By Majority Decision? [ ]  By Majority Decision?

[ ]  By Unanimous Decision? [ ]  By Unanimous Decision?

|  |  |
| --- | --- |
| **STEP** | **APPOINTMENTS – PEOPLE TO ASSIST YOU****(CONTINUATION #3)** |
| **4** |

**Health Care Agents**

**Who do you want to make health care decisions for you if you become incapacitated (incompetent)?** The people you name here should be those with whom you are very close, because the duties of these people will likely require close, physical personal involvement. Also, they should share your views about life and death issues…or, at least, be trustworthy to abide by your stated wishes. **NOTE: Name your spouse “First Choice” if that is your intention.**

|  |  |  |
| --- | --- | --- |
|  | **Client 1 Responses** | **Client 2 Responses** |
| **First Choice** | Name:      Relationship to C1:      Address:               Phone No.:       | Name:      Relationship to C2:      Address:               Phone No.:       |
| **Second Choice** | Name:      Relationship to C1:      Address:               Phone No.:       | Name:      Relationship to C2:      Address:               Phone No.:       |
| **Third Choice** | Name:      Relationship to C1:      Address:               Phone No.:       | Name:      Relationship to C2:      Address:               Phone No.:       |

Do you wish to authorize body or organ donation upon death? C1: Yes [ ]  No [ ]  C2: Yes [ ]  No [ ]

If yes: [ ]  For transplant only [ ]  For research only [ ]  For transplant or research

 [ ]  C1 [ ]  C2 [ ]  Both [ ]  C1 [ ]  C2 [ ]  Both [ ]  C1 [ ]  C2 [ ]  Both

Do you wish to authorize burial or cremation of your body upon death?

 [ ]  C1 Burial [ ]  C1 Cremation [ ]  C2 Burial [ ]  C2 Cremation

|  |  |
| --- | --- |
| **STEP** | **APPOINTMENTS – PEOPLE TO ASSIST YOU****(CONTINUATION #4)** |
| **4** |

**Other Medical Contacts**

If a particular doctor should be contacted in a medical emergency for records **OR** specially consulted about discontinuing any form of medical care in a terminal or vegetative condition, please so indicate and identify.

|  |  |
| --- | --- |
| **Client 1 Response** [ ]  Contact only [ ]  Consult | **Client 2 Response** [ ]  Contact only [ ]  Consult |
| Professional Name and Medical Title      | Professional Name and Medical Title      |
| Office Address/Telephone      | Office Address/Telephone      |

|  |  |
| --- | --- |
| **STEP** | **CONTACT INFORMATION**List in this Step the requested contact information for each different person or entity named in all of the previous Steps of this Questionnaire. |
| **5** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Best Address for Contact** | **Phone #’s** |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |

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| --- | --- |
| **STEP** | **CONTACT INFORMATION****(CONTINUATION #1)** |
| **5** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Best Address for Contact** | **Phone #’s** |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |
|       |            | Home:      Work:      Cell:      Email:       |

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