

Estate Planning Questionnaire

Thank you for completing the Estate Planning Questionnaire and returning it to us before our first meeting. The information in the Estate Planning Questionnaire provides us with important information about you and your goals and allows our first meeting to be productive.

Please rest assured that very few people return this form to us with every single line filled in. Most people have lots of questions as they work through this material and that's a good thing: estate planning is really important and most people have never done it before.

A couple of notes as you complete this form:

- The form should take about an hour to complete.
- Please list legal name(s) as they appear on tax forms, birth certificates, or driver's licenses.
- Approximate values or ballpark estimates are perfectly fine.
- We work with all kinds of people, and all kinds of families, so not everything will be relevant to you. Feel free to skip the sections that do not apply.
- Feel free to leave some choices blank if you need more information or are having trouble making a decision.
- We will review this information during our meeting. You'll have time to ask questions and can update or change your responses.
- **All information on this form is treated as strictly confidential.**

Your Family

You: _____
Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Husband _____ Wife _____
Email: Husband _____ Wife _____
Birthday: Husband _____ Wife _____
Employer: Husband _____ Wife _____
Date of Marriage: _____

Children

Name: _____ Phone: _____
Address: _____ Age: _____
Parent: Joint Husband Wife Are they married? Yes No

Name: _____ Phone: _____
Address: _____ Age: _____
Parent: Joint Husband Wife Are they married? Yes No

Name: _____ Phone: _____
Address: _____ Age: _____
Parent: Joint Husband Wife Are they married? Yes No

Name: _____ Phone: _____
Address: _____ Age: _____
Parent: Joint Husband Wife Are they married? Yes No

Name: _____ Phone: _____
Address: _____ Age: _____
Parent: Joint Husband Wife Are they married? Yes No

Grandchildren

Please list Names and Ages:

--

Background Information

Do you have a current <input type="checkbox"/> Will or <input type="checkbox"/> Trust? • Were your documents prepared in Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No • When were your documents last updated? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a premarital agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse have separate property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse have a prior marriage? <i>If yes, please complete the Blended Family section below.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your spouse caring for an elderly parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse own your own business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you and your spouse U.S. citizens?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse expect to inherit assets in excess of \$1,000,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever filed a Federal Gift Tax Return?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently own real estate in a state other than Idaho?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol, or handling money?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of your beneficiaries have a learning disability, or special educational, medical, or physical needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have concerns about any of your children's spouses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any specific goals or issues we should know about?	
How did you hear about us?	

Value of Your Estate and the Type of Assets You Have

To design the best estate plan for you, we need information about the value of your estate and the type of assets you have. Please do not include any benefits that terminate on death, such as pensions or social security, in this list of assets.

Types of Assets

Approximate Value

CASH ASSETS (checking/savings accounts, CODs)	
RETIREMENT ACCOUNTS (IRAs, SEP IRAs, 401ks)	
STOCK/INVESTMENTS (stocks, bonds, mutual funds not held in IRAs/401ks)	
REAL ESTATE (fair market value less loans)	
BUSINESS INTERESTS (LLCs, partnerships, corporations)	
LIFE INSURANCE/ANNUITIES (term death benefits, annuities)	
VEHICLES (autos, RVs, boats)	
PERSONAL PROPERTY (jewelry, furniture, antiques)	
OTHER (debts owed to you, safe deposit boxes, home safes, etc.) Please describe:	

TOTAL: _____

Information About Specific Assets

Real Estate

Address (Street Address, City, State, & Zip)	County	Use	Form of Title	Value (fair market value minus mortgage)
		<input type="checkbox"/> Residence <input type="checkbox"/> Second home <input type="checkbox"/> Rental <input type="checkbox"/> Other	<input type="checkbox"/> Both spouses <input type="checkbox"/> One spouse <input type="checkbox"/> LLC <input type="checkbox"/> With 3 rd party	
		<input type="checkbox"/> Residence <input type="checkbox"/> Second home <input type="checkbox"/> Rental <input type="checkbox"/> Other	<input type="checkbox"/> Both spouses <input type="checkbox"/> One spouse <input type="checkbox"/> LLC <input type="checkbox"/> With 3 rd party	
		<input type="checkbox"/> Residence <input type="checkbox"/> Second home <input type="checkbox"/> Rental <input type="checkbox"/> Other	<input type="checkbox"/> Both spouses <input type="checkbox"/> One spouse <input type="checkbox"/> LLC <input type="checkbox"/> With 3 rd party	
		<input type="checkbox"/> Residence <input type="checkbox"/> Second home <input type="checkbox"/> Rental <input type="checkbox"/> Other	<input type="checkbox"/> Both spouses <input type="checkbox"/> One spouse <input type="checkbox"/> LLC <input type="checkbox"/> With 3 rd party	
		<input type="checkbox"/> Residence <input type="checkbox"/> Second home <input type="checkbox"/> Rental <input type="checkbox"/> Other	<input type="checkbox"/> Both spouses <input type="checkbox"/> One spouse <input type="checkbox"/> LLC <input type="checkbox"/> With 3 rd party	

Business Interests

Business name	Entity type (LLC, Corporation, Partnership)	Ownership percentage	Value of your interest

Retirement Accounts

Type (401k, IRA, ROTH IRA, other)	Owner	Primary Beneficiary	Contingent Beneficiary	Value

Life Insurance Policies

Type (term, whole life)	Owner	Primary Beneficiary	Contingent Beneficiary	Value

Choosing Your Agents

An important part of the estate planning process is selecting the people you want to make decisions for you if you are incapacitated, manage your estate after you pass, and take care of your children if you cannot. Below is a list of the key roles to be filled. If you have questions or are unsure who to choose, please leave the sections blank and we'll discuss during our meeting.

Personal Representative/Trustee

This person will gather and distribute your assets after you pass and settle your final affairs. In some cases, this person may be responsible for managing assets held in trust for your beneficiaries for a certain period of time.

You should nominate someone you trust, who is well-organized and understands you and your family. This person can be a family member, a good friend, or a professional (such as a CPA or professional trustee).

First Choice (after each other)

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Guardians of Your Minor Children (if applicable)

Who do you want to care for your minor children if you are not able to? There are no rules about who should be the guardian of your children. It can be a family member or close friend. You should choose someone who shares your values and who you trust.

First Choice (after each other)

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

If your Guardian does not live in Idaho, please nominate a Temporary Guardian who can take care of your children until your Guardian can travel to Idaho.

Temporary Guardian (if applicable)

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Agent for Finance

This person makes financial decisions for you if you are unable to make decisions for yourself. This person has access to your bank accounts and other financial accounts and information. For married couples, your spouse is usually your first choice. For your successor Agent, **most people select the person they nominated as their Personal Representative/Trustee to be their Agent for Finance.**

Husband

Same as Personal Representative/Trustee

Other

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Wife

Same as Personal Representative/Trustee

Other

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Agent for Healthcare

This person makes your medical decisions for you if you are incapacitated or unable to communicate with your doctors, either temporarily or on a long-term basis. You want someone who is levelheaded in an emergency, able to communicate effectively with your doctors, and who will advocate for you.

Husband

First Choice (after each other)

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Wife

First Choice (after each other)

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age _____

Relationship: _____

Distribution of Your Assets

How do you want your assets to be divided after you and your spouse die? There is no “right” way to distribute your assets. The decision is entirely personal and reflects what makes sense for you and your loved ones.

- Everything to our children in equal shares
- Other (please describe):

In addition to the above distributions, do you want to leave any specific money or property to any individual or charity?

Beneficiary	Item/Amount

Do you want to disinherit any of your children? Yes No

If yes, which child(ren)?

Do you have any guns/firearms as part of your estate? Yes No

‘Heaven Forbid’ Provision: If something happened to you and your children (and their children, if applicable) or other beneficiaries, who should receive your assets? Some people chose parents, siblings, nieces and nephews, charities, or friends:

If Your Children or Beneficiaries are Young

If your children or any of your beneficiaries are young when you die, the money left to them will be placed in trust and managed for them by the Trustee you choose. The Trustee will use that money for their health, education, maintenance, and support.

You choose when your beneficiaries will receive their inheritance once they are no longer minors. We recommend distributing the money to your beneficiaries in increments, rather than giving them their full inheritance outright. This allows them to “practice” managing money on their own while the bulk of the assets are still being managed by the Trustee. The ages and amounts are completely up to you.

If you know how you’d like to distribute to your beneficiaries, please fill in the blanks below.

_____ % at _____ (25% at 25, for example)

_____ % at _____ (50% at 30, for example)

balance at _____ (100% at 35, for example)

Do you want to place any other restrictions on how or when your beneficiaries receive the assets held in trust for them? If yes, please explain your wishes below.

Special Considerations for Blended Families

Blended families are families that include children from the couple's past and present relationships. Estate planning for blended families involves balancing many competing interests. If you are a blended family, please review our Estate Planning for Blended Families Article before the Initial Consultation.

Do you and your spouse treat all of your assets as joint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you and your spouse want to treat all children (e.g. joint children, each spouse's separate children) the same for distribution purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you and your spouse get along well with all children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or your spouse want any children to receive any amounts at the death of their biological parent rather than waiting for both of you to die?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you and your spouse be comfortable if the surviving spouse has the ability to change who receives your assets after you die?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your Team

We contact our clients' professional advisors and let them know we are working with you. We will assume this is okay unless you tell us otherwise.

Accountant:

Financial Advisor:

Other:

If you don't currently have a financial advisor or accountant, would you like a recommendation for one? Yes No