

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 me 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 me 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.
- Approximate values or ballpark estimates are perfectly fine.
- I 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 (fill out what is applicable)

You: _____
Address: _____
Phone: _____
Email: _____
Birthday: _____
Employer: _____

Children

Name: _____ Phone: _____
Address: _____ Age: ____ Date of Birth _____

Name: _____ Phone: _____
Address: _____ Age: ____ Date of Birth _____

Name: _____ Phone: _____
Address: _____ Age: ____ Date of Birth _____

Name: _____ Phone: _____
Address: _____ Age: ____ Date of Birth _____

Name: _____ Phone: _____
Address: _____ Age: ____ Date of Birth _____

Grandchildren

Name: _____ Age: _____

Background Information

	Yes	No
Do you have a current Will or trust (revocable or irrevocable)?	___	___
Are you a U.S. citizens?	___	___
Are you caring for an elderly parent?	___	___
Do you own your own business?	___	___
Do you expect to inherit substantial assets (\$500,000+)?	___	___
Have you ever filed a Federal Gift Tax Return?	___	___
Do you currently own real estate in a state other than Idaho?	___	___
Do you currently hold any digital assets or intellectual property?	___	___
Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?	___	___
Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol, or handling money?	___	___
Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?	___	___
Is it important to you to make things as easy as possible for your heirs after you pass.	___	___
How did you hear about me?		

Overarching Goals and Specific Concerns

What are your goals for your estate planning? Please select all that apply:

- Nominating a guardian for minor children
- Reducing estate taxes
- Ensuring your dependents are taken care of
- Making things as easy as possible after you pass
- Maintaining privacy
- Planning for incapacity
- Keeping things simple and easy to understand
- Avoiding potential family conflict
- Leaving money to charity

If you have any specific concerns or issues you'd like to discuss, please list these here.

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, someone who is well-organized, and someone who 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

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Third Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Guardians of Your Minor Children

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

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Third Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Agent for Finance

This person makes financial decisions for you if you are incapacitated, or unable to make sound decisions for yourself. This person has access to your bank accounts and other financial accounts and information. You want someone you trust and who makes good financial decisions.

First Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Third Choice

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 and able to communicate effectively with your doctors.

Husband

Wife

First Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Second Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

Third Choice

Name: _____

Address: _____

Phone: _____ Age: ____ Relationship: _____

End of Life Decisions

Your **Living Will** provides guidance to your doctors and family about the type of end-of-life care, including the provision of artificial life sustaining treatment, you want if you have a terminal condition, your death is imminent, and are not able to communicate your wishes.

The Idaho Living Will form gives you three options:

(a) Choice to Prolong Life By All Means

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards, including the provision of artificial life sustaining measures such as ventilators and feeding tubes.

(b) Choice for Nutrition and Hydration

I want all medical treatment, care and procedures, including artificial life sustaining procedures, to be withheld or withdrawn, except that nutrition and hydration, whether artificial (feeding tubes) or non-artificial, shall not be withheld or withdrawn from me if I would die from malnutrition/dehydration rather than my injury, disease, illness or condition.

(c) Choice Not to Prolong Life

I want all medical treatment, care and procedures to be withheld, including withdrawal of the administration of artificial nutrition and hydration.

You will make these elections when you sign and finalize your documents. I'm happy to discuss these options in further detail with you before that time.

Distribution of Your Assets

How do you want your assets to be divided after you 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.

If You Have Adult Children

Do you want to divide your assets equally between your children? Yes No

If not, how do you want to divide your assets between your children?

Please select all that apply:

- Do you have concerns about any of your children’s ability to handle money? Yes _____
- Have any of your children struggled with substance abuse? Yes _____
- Do you have concerns about any of your children’s spouses? Yes _____
- Are any of your adult children receiving Federal disability? Yes _____
- Do your children get along well? Yes _____
- Do any of your grandchildren have special needs? Yes _____

If You Have Minor Children

If your children are minors 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 your children's health, education, maintenance, and support. As your children get older, this money will be distributed to them outright, to be used as they wish.

You decide when your children receive their inheritance outright. I recommend distributing the money to your children in increments, rather than giving them their full inheritance outright. This allows them to "practice" managing a portion of their money while the rest of it remains under the control of the Trustee. A typical distribution schedule is 25% at age 25, 50% at age 30, and 100% at age 35. The age and amounts are completely up to you, however. If you know how you'd like to distribute to your children, please fill in the blanks below. If you'd like to discuss this more at our meeting, please leave these blank.

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

_____ % at _____ (50% at 28, for example)

balance at _____ (100% at 30, for example)

Do you want to place any restrictions on how or when your children receive the assets held in trust for them? For example, some families chose to make distributions contingent on achieving certain milestones, such as graduating from college. Other families chose to impose no restrictions. It is a personal decision that is different for each and every family I work with.

Other Distributions

Who (other than your children, if listed above) would you like to leave your assets to and in what amounts?

Charities: Do you have any specific charities you would like to leave money to when you die? If so, please list the charities and amounts below.

'Heaven Forbid' Provision: If something happened to you and your children (and their children, if applicable), who should receive your assets? This could be parents, siblings, nieces and nephews, charities, friends, or more distant relatives. If you are not sure, the default language leaves your assets to your 'legal heirs.'

Pets

If you have pets, who would you like to take care of your pets if you pass before they do? Would you like to leave any money to help cover the costs of taking care of your pet?

Guardian

Amount for care of Pet (if any)

First choice: _____

Alternate: _____

First choice: _____

Alternate: _____

First choice: _____

Alternate: _____

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. Do not include any benefits that terminate on death, such as pensions or social security, in the value.

Size of Estate

- | | |
|---|--|
| <input type="checkbox"/> Less than \$500,000 | <input type="checkbox"/> Between \$500,000 to \$1,000,000 |
| <input type="checkbox"/> Between \$1,000,000 to \$5,000,000 | <input type="checkbox"/> Between \$5,000,000 to \$10,000,000 |
| <input type="checkbox"/> Between \$10,000,000 to \$15,000,000 | <input type="checkbox"/> Over \$15,000,000 |

Types of Assets

**Approximate
Amount**

CASH ASSETS (checking/savings accounts, CODs)

TAX DEFERRED RETIREMENT ACCOUNTS (IRAs, SEP IRAs, 401ks)

OTHER RETIREMENT ACCOUNTS (Roth IRAs)

STOCK/INVESTMENTS (stocks, bonds, mutual funds not held in IRAs/401ks)

REAL ESTATE (fair market value less loans)

BUSINESS INTERESTS (LLCs, partnerships, S-corps)

LIFE INSURANCE/ANNUITIES (term death benefits, pensions, annuities)

VEHICLES (autos, RVs, boats)

PERSONAL PROPERTY (jewelry, furniture, antiques)

OTHER – please describe

(ex. debts owed to you, safe deposit boxes, etc.)

Real Estate

Please provide information for all real property you have an interest in.

Property #1

Address, City, State, & Zip

County

Ownership: If you own the property with someone else, how do you hold title:

Tenants-in-Common LLC Joint Tenant

Property #2

Address, City, State, & Zip

County

Ownership: If you own the property with someone else, how do you hold title:

Tenants-in-Common LLC Joint Tenant

Property #3

Address, City, State, & Zip

County

Ownership: If you own the property with someone else, how do you hold title:

Tenants-in-Common LLC Joint Tenant

Property #4

Address, City, State, & Zip

County

Ownership: If you own the property with someone else, how do you hold title:

Tenants-in-Common LLC Joint Tenant

Property #5

Address, City, State, & Zip

County

Ownership: If you own the property with someone else, how do you hold title:

Tenants-in-Common LLC Joint Tenant

Business Interests

Please list any businesses (LLCs, S-Corps, Partnerships/LLPs, PLLCs) in which you hold any interest:

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Business name: _____
Entity Type: LLC S-Corp Partnership LLP PLLC Other _____
What is your ownership percentage? _____ How much is your interest worth? _____

Other Information To Discuss

State any specific concerns (not already mentioned) or other points that you have regarding your estate plan:

Your Team

Please list the individuals you are working with, if applicable.

Accountant: _____
Financial Advisor: _____
Other: _____

If you don't currently have a financial advisor or accountant, would you like a recommendation for one? _____