

## 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.
- Please list legal name(s) as they appear on tax forms, birth certificates, or driver's license.
- 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: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Email: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Birth day: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Employer: Husband \_\_\_\_\_ Wife \_\_\_\_\_

### 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? <ul style="list-style-type: none"> <li>• If Yes, when was it last updated?</li> </ul>	—	—
Are you and your spouse U.S. citizens?	—	—
Do you have a premarital agreement?	—	—
Do you or your spouse have a prior marriage? <ul style="list-style-type: none"> <li>• If Yes, which spouse:</li> </ul>	—	—
Do you or your spouse have separate property? <ul style="list-style-type: none"> <li>• If Yes, which spouse:</li> </ul>	—	—
Do you or your spouse have children from a prior marriage? <ul style="list-style-type: none"> <li>• If Yes, which spouse/children:</li> </ul>	—	—
Are you caring for an elderly parent?	—	—
Do you or your spouse own your own business?	—	—
Do you or your spouse expect to inherit assets in excess of \$1,000,000?	—	—
Have you ever filed a Federal Gift Tax Return?	—	—
Do you currently own real estate in a state other than Idaho?	—	—
Is more than 1/3 of your total net worth held in tax-deferred retirement accounts (i.e. non-ROTH IRAs, SEP IRAs, 401ks)	—	—
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?	—	—
Do you have any irrevocable trusts? (ILITS, GRATS, Irrevocable Children's Trusts)	—	—
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
- Holding assets passing to minor children in trust until a specific age or ages
- Making things as easy as possible after you pass
- Maintaining privacy
- Reducing estate taxes
- Planning for incapacity
- Avoiding potential family conflict
- Leaving money to charity
- Dividing assets between spouse and children from prior marriage
- Having a specific person care for your pet or providing for a pet with special needs (if yes, please explain below)
- Stating my desires for cremation or burial, or my final disposition wishes

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

## 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 the value.

### Size of Estate

- |   |  |
|---|--|
| <input type="checkbox"/> Less than \$1,000,000              | <input type="checkbox"/> Between \$5,000,000 to \$12,000,000 |
| <input type="checkbox"/> Between \$1,000,000 to \$5,000,000 | <input type="checkbox"/> Over \$12,000,000                   |

### Types of Assets

### Approximate Value

CASH ASSETS (checking/savings accounts, CODs)

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

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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)

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VEHICLES (autos, RVs, boats)

-----

PERSONAL PROPERTY (jewelry, furniture, antiques)

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INTEREST IN TRUSTS (Life Insurance Trusts, Irrevocable Trusts)

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OTHER – please describe

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

## 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 (after each other)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

#### Second Choice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

#### Third 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: \_\_\_\_\_

Third 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 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.

### Husband

First Choice (after Spouse)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_

Relationship: \_\_\_\_\_

### Wife

First Choice (after Spouse)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_

Relationship: \_\_\_\_\_

Second 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

First Choice (after Spouse)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_

Relationship: \_\_\_\_\_

### Wife

First Choice (after Spouse)

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 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?

Do you have concerns about any of your children’s ability to handle money?      Yes     No

Have any of your children struggled with substance abuse?      Yes     No

Do you have concerns about any of your children’s spouses?      Yes     No

Do you and your spouse get along well with all of your children?      Yes     No

Do all of your children get along well?      Yes     No

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

### 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.

You choose when your children will receive their inheritance once they are no longer minors. I recommend distributing the money to your children in increments, rather than giving them their full inheritance outright. A typical distribution schedule is 25% at age 25, 50% at age 30, and 100% at age 35. The ages and amounts are completely up to you.

If you know how you'd like to distribute to your children, 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 children receive the assets held in trust for them? If yes, please explain your wishes below.

### Other Distributions

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

**'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.'

## Additional Information About Specific Assets

### Real Estate

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

<b>Address</b> (Street Address, City, State, & Zip)	<b>County</b>	<b>Ownership Type</b> (with spouse, tenants-in-common, LLC, joint tenancy, separate property)

### Business Interests

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

<b>Business name</b>	<b>Entity type</b> (LLC, S-Corp, Partnership, LLP, other)	<b>Ownership percentage</b>	<b>Value of your interest</b>

## 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.

## Other Information To Discuss

Please 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? Yes  No