



THE BLUM FIRM, P.C.

ATTORNEYS AT LAW

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**ESTATE PLANNING QUESTIONNAIRE**

This questionnaire consists of questions which are related to your estate planning. It is designed to streamline the estate planning process by supplying information that is generally required to commence your estate plan. Please provide names as you want them to appear in your estate planning documents.

1. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_ (\_\_\_\_\_) County

Indicate if you prefer documents mailed to another address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Name of Spouse: \_\_\_\_\_

State and county of marriage: \_\_\_\_\_

Have you been married before?

If yes, please answer the following questions:

Prior Spouse's Name: \_\_\_\_\_

County of Divorce: \_\_\_\_\_ Year of Divorce: \_\_\_\_\_

Do you have any payment obligations either to your former spouse or to children of the prior marriage embodied in any court decree or written agreement? If so, please provide copies of the documents.

6. Please list all children (from prior marriages also). If there are children from a prior marriage, indicate name of child's other parent.

Child #1:

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

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #2:

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

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #3:

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

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #4:

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

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #5:

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

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Parent: \_\_\_\_\_

7. Please list your professional advisors.

Accountant:

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Insurance Agent:

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

8. Please list life insurance policies which you own and indicate the name of the insured

**PLEASE ALSO NOTE IF EACH POLICY IS TERM, VARIABLE, OR WHOLE LIFE. (ie: if you stop paying premiums, does the policy terminate, or has your payment of premiums caused an investment to accumulate in the policy?)**

Company	Policy No.	Insured	Face Amount	Subject to Loan? If so, amount of the loan.

9. Do you have long-term care insurance coverage? \_\_\_\_\_

10. Will you have to provide financial assistance or care to a parent or other relative who does not have long-term care insurance? \_\_\_\_\_

11. Does the total fair market value of property owned by you (including proceeds from insurance policies on your life and proceeds from retirement plans) exceed \$5,000,000? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please complete the following statement of assets and liabilities generally reflecting fair market value or attach your own personal financial statement.

<u>ASSETS</u>		<u>LIABILITIES</u>	
Cash	\$ _____	Short-term obligations	\$ _____
Investments	\$ _____	Note payable - cars	\$ _____
Closely-owned Businesses	\$ _____	Note payable – residence	\$ _____
Cars	\$ _____	Long-term obligations	\$ _____
Residence Personal effects	\$ _____	Other liabilities	\$ _____
Household furnishings	\$ _____		
Other assets	\$ _____		
Total	<u>\$ _____</u>	Total	<u>\$ _____</u>

12. Please list each retirement plan of which you are a beneficiary and the type of retirement plan:

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13. For each business in which you own an interest, indicate the type of business form that it has chosen (S corporation; C corporation, limited partnership, etc.).

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14. Do you expect to inherit property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate on an attachment the nature and extent of this property and the states in which it is located.

15. If you own property (including mineral interests) in other states, please indicate which states and type of property owned:

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16. If you are a beneficiary under a trust established by someone other than yourself, please indicate the nature of your beneficial interest and whether you serve as trustee:

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17. If you are a beneficiary under someone else's will or trust, please indicate whether you have been given a power of appointment and whether you want to exercise this power:\_\_\_

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18. Have you ever filed a gift tax return? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list years, and attach copies of all returns.

19. Do you own any firearms? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are any of your firearms Title II weapons (machine guns, suppressors, short-barreled shotguns, mortars, howitzers, or grenade launchers)? Yes \_\_\_\_\_ No \_\_\_\_\_

20. The **Guardian** is an individual or couple whom you appoint to raise your children in the event you should die. The guardian generally will receive distributions from your trustee for the support, maintenance, health, and education of your children. Whom do you want to appoint as guardian to raise your children if you die? Please indicate a successor if the person or couple initially named are unable to serve.

Guardian(s): \_\_\_\_\_

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Successor(s): \_\_\_\_\_

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21. The **Executor** is the person you appoint to settle the affairs of your estate. Frequently, a family member such as an adult child is named as the executor. If the designated family member cannot or does not want to act as executor, a bank, another relative, or a very reliable and long-time friend may be named as executor. Whom do you want to appoint as executor of your estate? Please indicate successors if the first person or persons initially named are unable to serve.

Executor(s): \_\_\_\_\_

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Successor(s): \_\_\_\_\_

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22. **Trustee**

- a. If a trust to manage property for your children is appropriate, whom do you want to appoint as trustee for your children after you are deceased? Please indicate successors if the first trustee(s) appointed is (are) unable to serve.

Trustee(s): \_\_\_\_\_

\_\_\_\_\_

Successor(s): \_\_\_\_\_

\_\_\_\_\_

- b. Many people are concerned about the effects of possible divorces or creditor claims in their children's lives which could drain or eliminate their inheritance, leaving offspring without the financial security the parents' had hoped to provide for them. To protect a child's inheritance, a "Dynasty Trust" can be created which could pay income (and principal, if necessary) to the children for their lifetimes but not be reachable by the spouses and creditors of the children. This Trust could continue for your descendants for as long as allowed by law. At the meeting, we will discuss whether the children will serve as Trustees of their own trusts, or if a third party will serve as Trustee.

Are you interested in setting up a Dynasty Trust for your children? \_\_\_\_\_

- c. If you decide not to use a Dynasty Trust for your children's inheritance, you may still believe that the children should not receive total control of a large inheritance in a single lump sum. Frequently two or three distributions are spread over five-year intervals, such as ages 25, 30, and 35. Depending on the size of the estate and the age spread between the children, these distributions can be tied to the age of each child concerned (with separate trusts for each child) or the age of the youngest child (with one trust for all children).

Please indicate your thoughts about the right ages for principal distributions to your children and whether separate trusts should be maintained for each child or one trust for all children.

One trust \_\_\_\_\_ Separate trusts for each child \_\_\_\_\_

Ages for distribution: \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_; or other: \_\_\_\_\_

- d. Do you want to add language giving the Trustee the authority to increase, decrease, or eliminate distributions to an adult child based on the child's willingness to embrace hard work, whether in school or in gainful employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

23. Please identify any individuals to whom you might want to leave a cash bequest. Please list the person(s), the address of each, and the amount you wish to leave to each individual.

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24. Please identify any charities (including religious or educational organizations), that you might wish to give a specific bequest. Please list the charity(ies), the address (or location) of each, if known, and the item or amount you wish to leave to each organization.

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25. Please identify any items of personal effects (jewelry, family heirlooms, etc.) that you want to give to a specific person and that person's name.

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26. In the event you are not survived by children, grandchildren, or other descendants, to whom do you want to leave your property? (ie: nieces/nephews, other relatives, or charities)

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27. Other documents which complement your Wills include a Directive to Physicians, a Power of Attorney, a Medical Power of Attorney, and a Declaration of Guardianship.

- a. The **DIRECTIVE TO PHYSICIANS** ("Living Will") directs that artificial life support systems be discontinued in case of terminal illness where death is imminent. (I will provide you with a draft of a Directive to Physicians for your review prior to actually signing the document.) Would you like to execute a Directive to Physicians? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "No" above, would you like to execute a statement indicating your desire to be maintained on artificial life support systems even if death is imminent? Yes \_\_\_\_\_ No \_\_\_\_\_

- b. The **POWER OF ATTORNEY** provides that your designated agent may handle your financial matters at any time. The Power of Attorney will not terminate upon your disability or incompetency. This is designed to avoid a costly guardianship proceeding. Whom do you want to serve as your agent? Please indicate a successor if your designated agent is unable to serve. Also, please indicate if you feel the Power of Attorney should become effective immediately upon signing, or if you prefer that it become effective only upon your disability. (Please note that this option requires your agent to obtain a letter from your physician indicating your disability before any powers can be exercised.)

Agent: \_\_\_\_\_

Successor: \_\_\_\_\_

Immediately effective or upon disability only? \_\_\_\_\_

- c. A **MEDICAL POWER OF ATTORNEY** designates an agent who may make health care decisions for you in the event of your incapacity. This document deals with health care decisions other than life support in terminal illness (which is covered by the Directive to Physicians). Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve. Please indicate whether you would like us to send a copy of your executed form to your doctor.

Yes \_\_\_\_\_ No \_\_\_\_\_

Agent: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

Successor: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

\_\_\_\_\_



- d. A **DECLARATION OF GUARDIANSHIP** gives you the ability to designate those persons who you specifically want to serve as your guardian should you need one. You may also designate specific persons who you do not want to serve as your guardian. Although the Power of Attorney as well as the Durable Power of Attorney for Health Care are both designed to prevent guardianships, a guardianship may still be necessary. The "guardian of the person" handles personal care matters, while the "guardian of the estate" takes care of financial matters. Whom do you want to name as your guardian? Is there anyone you do not want to serve as guardian under any circumstances?

Guardian(s) of Person: \_\_\_\_\_

\_\_\_\_\_

Guardian(s) of Estate: \_\_\_\_\_

\_\_\_\_\_

Not to serve as guardian(s) of Person: \_\_\_\_\_

\_\_\_\_\_

Not to serve as guardian(s) of Estate: \_\_\_\_\_

\_\_\_\_\_

- e. A **HIPAA WAIVER** allows you to name individuals to whom your health care providers are authorized to release medical information concerning you. Please list any individuals you want to name in this document other than the persons you name on your Medical Power of Attorney. (We will automatically include those persons in this document.) Also, please give the address and telephone number for each person named, unless that information is already provided elsewhere in this Questionnaire.

\_\_\_\_\_

\_\_\_\_\_

28. You may keep your original documents in safekeeping, or we can keep them for you. Please indicate who should keep the originals.

\_\_\_\_\_ I want to keep the originals.

\_\_\_\_\_ I want your Firm to keep the originals.