

Confidential Estate Planning Questionnaire



LAW OFFICE OF
PAULLA HYATT-McINTIRE
Competent and Compassionate Counsel for What Matters Most

Instructions:

- Please be careful to spell all names correctly
- If you are unsure of the answer to a question, leave it blank. Add extra pages if you need more space.
- **Please provide us with any existing estate planning documents prior to your appointment.**
- Please bring a copy of the last income tax return you filed.
- **Please complete and return the entire questionnaire to us prior to your appointment.** The more complete the questionnaire is, the more productive and efficient your meeting will be!

Part One: Personal Information

Spouse 1 Name: _____

Legal AKA: _____

Formerly Known As/Maiden Name: _____

Date of Birth ___/___/_____ US Citizen? Yes No Retired? Yes No

Cell Phone (____) ____ - _____ Personal Email: _____

Is Your Health: Good? Fair? Poor? Are you a military veteran? Yes No

Are you receiving home care or assisted living care? Yes No

Were you previously married? Yes No (If you had a divorce agreement, please provide)

Occupation (or prior occupation if retired): _____

Employer: _____ Work Phone: (____) ____ - _____

Spouse 2 Name (if currently married): _____

Legal AKA: _____

Formerly Known As/Maiden Name: _____

Date of Birth ___/___/_____ US Citizen? Yes No Retired? Yes No

Cell Phone (____) ____ - _____ Personal Email: _____

Is Your Health: Good? Fair? Poor? Are you a military veteran? Yes No

Are you receiving home care or assisted living care? Yes No

Were you previously married? Yes No (If you had a divorce agreement, please provide)

Occupation (or prior occupation if retired): _____

Employer: _____ Work Phone: (____) ____ - _____

Home Address: _____

City _____ State _____ Zip _____

County of _____

Home Phone (____) ____ - _____ Preferred Email Address: _____

Children and Family

Full Name	Sex	DOB	Child Of	# of Kids
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Children and Family (cont.)

Do you have any deceased children? Yes No

(Please include name and date of death) : _____

If so, do they have any surviving children and/or grandchildren? Yes No

Names: _____

Do any of your children have step-children? Yes No

If so, which children and how many? _____

Age of Grandchildren: Youngest _____ Oldest _____

Age of Great-Grandchildren: Youngest _____ Oldest _____

Any children, grandchildren, or great-grandchildren that were born out of wedlock? Yes No

Do you wish to exclude anyone from receiving a portion of your estate? Yes No

If so, who?: _____

Did you (or your spouse) have a trust with a previously deceased spouse? Yes No

What are your goals in creating or upgrading your estate plan? (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Avoiding Probate | <input type="checkbox"/> Avoiding Estate Taxes |
| <input type="checkbox"/> Making sure I am taken care of if disabled | <input type="checkbox"/> Preserving my loved ones' public benefits |
| <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, creditors, divorce | <input type="checkbox"/> Making sure younger loved ones are provided for in the long-term |
| <input type="checkbox"/> Preserving the family business | <input type="checkbox"/> Other: _____ |

CPA Information

Name: _____ Company: _____

Address _____

Work Phone (____) _____ - _____ Email: _____ Fax (____) _____ - _____

Financial Planner Information

Name: _____ Company: _____

Address _____

Work Phone (____) _____ - _____ Email: _____ Fax (____) _____ - _____

Married Couples

Date of Marriage: ___/___/___

Do you and your spouse consider all of your assets community property? Yes No

If no, which assets are considered separate property assets? _____

Did you or your spouse receive any valuable gifts or inheritance after marriage? Yes No

Did you or your spouse come into your marriage with any substantial assets? Yes No

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Yes No

Instructions:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please list the approximate balance of each account.
- We will need to include all account numbers in your trust. The more information you provide us with now, the less work you will have to do later!
- Please watch for REMINDERS regarding papers we would like you to bring to your appointment.

Part Two: Financial Information

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 6.

Name of Institution	Account Number	Owner	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
6. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
Total Value:				\$ _____

Mutual Funds and Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 6.

Name of Brokerage Firm	Account Number	Owner	Approx. Market Value
7. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
8. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
9. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
10. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
11. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
12. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
Total Value:			\$ _____

Stocks or Bonds - Not in a Brokerage Account

These are certificates you actually hold.

Name of Stock or Company	Owner	Number of Shares	Approx. Market Value
13. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
14. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
15. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

If yes, which ones? (insert # above) _____

Promissory Notes & Deeds of Trust Owed to You

Please include any personal loans you have made, and any instances of someone paying you on a note.

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.")

	Name of Debtor	Secured by TD?	Due Date	Original Amount	Balance Due
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____

Do any of your children owe you money? Yes No

If yes:	Child's Name	Amount Loaned	Reduce Child's Share By Amount Owed?
1.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Real Estate

Please list all homes, rental properties, other buildings, land, and timeshares in which you have an interest.

REMINDER: please bring both the GRANT DEED and a recent PROPERTY TAX BILL or APN for each property

Property Address & APN	Original Cost	Current Value	Debt	Net Value
1. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
2. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
3. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
4. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
5. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
6. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				
7. _____ APN: _____	\$ _____	\$ _____	\$ _____	\$ _____
Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both				

Real Property Follow Up Questions

	Which #?
Are you planning on selling any of your real estate soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Would you consider selling if you could avoid capital gains tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Are any properties owned with someone other than your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Are any properties owned by an entity (Corp, LLC, FLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do any of your children (or other relatives) reside on any of your properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you plan on gifting specific properties during your lifetime or at death?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

IRA Accounts & Company Pension or Retirement Plans

These accounts should include qualified annuities.

Custodian of Account (Name of Bank, Broker, Employer)	Type (IRA, 401(k), Pension, etc.)	Owner	Approx. Value
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____

Life Insurance

Insured Person	Policy No.	Company	Cash Value?	Death Benefit
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? Yes No

Do you have parents or other relatives in assisted living? Yes No

Non-Qualified Annuities

These accounts are non-retirement plan accounts

Insurance Company	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____

Limited or General Partnership Interests

Please provide copies of any written documents (partnership agreements, etc.) related to your business interests.

Name of Partnership	Owner	Interest	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____

Other Business Interests

Please provide copies of any written documents (buy-sell agreements, etc.) related to your business interests.

Name of Business	Owner	Corporation?	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

Vehicles, Boats, Trailers, Motorhomes

You may also attach your most recent tax depreciation schedule for farming or industrial equipment

Year	Make & Model	License No.	Owner	Value
1. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
2. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
3. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
4. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____

Other Assets

- Are you expecting any **inheritances** within the next five to ten years? Yes No
If yes, from whom? _____ Approximately how much? _____
- Please list any **unusually valuable personal items** such as art, coins, jewelry, collections. _____

- Please list any **digital assets** that are of particular concern. Digital assets include computers, tablets, smartphones, flash drives, software (esp. Quicken, Turbo Tax and other programs with financial information), domain names, virtual currency and exchange accounts, websites and social media accounts (Facebook, LinkedIn, Twitter, Ancestry.com) digital accounts and assets associated with iTunes and Amazon, etc.: _____

Who is best suited to manage your digital assets if you are unable to? _____

Do you have a list of all passwords and account information for your hardware, software, and digital accounts (bank accounts, email accounts, social network accounts, file sharing, etc.)? Yes No

Does a prospective trustee have access to this information? Yes No

- Please list any **other assets not mentioned** such as stock options, patents, **oil, gas and mineral** or other royalties, etc. _____

Part Three: Designation of Trustees and Agents

During your appointment we will discuss which persons would act for you if you were unable to act for yourself. If you have an idea of who those persons would be, please add their information below:

Agent 1. _____ Trustee Health Care Agent

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Agent for: S1 S2 Both

Agent 2. _____ Trustee Health Care Agent

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Agent for: S1 S2 Both

Agent 3. _____ Trustee Health Care Agent

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____ Agent for: S1 S2 Both

– Thank you for completing the Questionnaire –