



Client Planning Questionnaire

Information Needed to Complete Your Living Trust Estate Plan

SECTION 1: GENERAL CLIENT INFORMATION

What is "Party 1's" legal name? _____

Please list names Party 1 is more commonly known by: _____

Date of Birth: _____ Citizenship: _____ Marital Status: _____

If married, what is "Party 2's" legal name? _____

Please list names Party 2 is more commonly known by: _____

Date of Birth: _____ Citizenship: _____ Marital Status: _____

Primary (and Mailing) Address(es): _____

Primary E-Mail: _____ Primary Phone: _____

SECTION 2: CLIENT FAMILY INFORMATION

Child: _____ Age or DOB: _____ Child of Party 1, Party 2, or Both? _____

Child: _____ Age or DOB: _____ Child of Party 1, Party 2, or Both? _____

Child: _____ Age or DOB: _____ Child of Party 1, Party 2, or Both? _____

Child: _____ Age or DOB: _____ Child of Party 1, Party 2, or Both? _____

Are there any other special circumstances relating to any of the children (special needs, custody issues, financial concerns, etc.)? Also, please list any other persons whom you have a parent-child relationship with, but to whom you are not legally related.

Please make special note of any of the following: 1) A current pre-marital agreement in place ["Pre-Nup"]; 2) Court-ordered estate planning obligations pursuant to a divorce judgment; 3) Relatives who depend on you for support; 4) The need to disinherit a family member; or 5) Any likelihood of inheriting a substantial amount of assets within the next five years.

SECTION 3: ASSETS / PROPERTY INFORMATION

Please include the following information regarding any REAL ESTATE that you own. Note that all figures can be approximate:

Address	Purchase Price	Fair Market Value	Debt
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Please attach any information about additional properties not mentioned above.

Please include the following general regarding other assets: Note that the following types of assets can be aggregated into one listing per asset type: 1) checking and savings accounts, 2) IRAs, 401(k)s, and retirement accounts, 3) Brokerage accounts.

Type of Asset	Approximate Value	Notes
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Please attach any information about additional assets not mentioned above.

Please list anything we should know about any of your assets (community property, outside joint ownership, etc.):

SECTION 4: TRUSTEES, EXECUTORS, AGENTS, AND OTHER DECISIONS

Who would you like to serve as the successor **TRUSTEE / EXECUTOR** of your estate? If that individual is unable or unwilling, who would you like to serve in succession? Would you like any of these individuals to act together as co-trustees / executors?

If applicable, who would you like to serve as the **GUARDIAN** of your minor children? If that individual is unable or unwilling, who would you like to serve in succession? Would you like any of these individuals to act together as co-guardians?

Who would you like to serve as your **POWER OF ATTORNEY** (agent to act on your behalf while incapacitated)? If that individual is unable or unwilling, who would you like to serve in succession? Consider naming your appointed trustee / executor here as well:

Who would you like to serve as your **HEALTH CARE AGENT** (agent to make medical decisions if you cannot)? If that individual is unable or unwilling, who would you like to serve in succession?

The "End-Of-Life" decision relates to how you would like to address a situation where your physical body is unable to sustain itself, and without medical, life-sustaining support, death or a persistent vegetative state would be imminent.

 I DO NOT wish to artificially prolong my life if I am in an irreversible coma or a permanent vegetative state.
(Party 1) (Party 2)

 I wish every effort to be made to prolong my life.
(Party 1) (Party 2)

Would Party 1 like to be an Organ Donor? _____ Would Party 2 like to be an Organ Donor? _____

Please describe 1) Who you wish your primary beneficiaries would be; 2) What portions of your estate they would inherit, and 3) In what manner they would inherit (e.g., upon a certain age, specific amount upon graduation, etc.). Also, please list your wishes for such portions should a beneficiary be deceased at the time of the administration of your Estate:

Please make any additional notes regarding areas that were not covered elsewhere in this document: _____
