

LEGACY PLANNING QUESTIONNAIRE

(for married persons)

This questionnaire consists of questions related to your estate planning, i.e., Legacy Planning. It is designed to streamline the process by supplying information that is generally required to commence your Legacy Plan. **Please provide full, legal names for all persons.** If you need additional room to complete any answers, please use item 29 on the last page of this questionnaire and indicate the number for the answer that you are completing.

1. Spouse 1's Name: _____

Birth Date: _____ Citizenship: _____

2. Spouse 2's Name: _____

Birth Date: _____ Citizenship: _____

3. Address: _____

4. Phone Number: Home: _____ Fax: _____

Spouse 1's Cell: _____ Spouse 2's Cell: _____

5. Spouse 1's Email: _____ Spouse 2's Email: _____

6. Date and Place of Marriage: _____

Is there a premarital or postmarital agreement? Yes ___ No ___

7. Have you or your spouse been married before?

Spouse 1: Yes ___ No ___ Spouse 2: Yes ___ No ___

If yes, please answer the following questions:

Prior Spouse's Name: _____

County of Divorce: _____ Year of Divorce: _____

8. Please list all of your children. If there are children from a prior marriage, indicate which are his, hers, or ours.

Child #1

Name: _____

Address: _____

Birth Date: _____ Spouse 1's/Spouse 2's/Ours: _____



Child #2

Name: _____

Address: _____

Birth Date: _____ Spouse 1's/Spouse 2's/Ours: _____

Child #3

Name: _____

Address: _____

Birth Date: _____ Spouse 1's/Spouse 2's/Ours: _____

Child #4

Name: _____

Address: _____

Birth Date: _____ Spouse 1's/Spouse 2's/Ours: _____

- 9. Other Personal Information: Please provide any information that you feel should be mentioned about your family or your spouse's family that may be relevant to your Legacy Plan; for example, whether you want to make provisions in your Will for your parents or whether any children or other family members have special needs.

- 10. Please list your professional advisors.

Accountant

Name: _____

Address: _____

Phone: _____ Email/Fax: _____

Insurance Agent

Name: _____

Address: _____

Phone: _____ Email/Fax: _____



11. Does the total fair market value of all property owned by you and your spouse (including proceeds from life 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 the fair market value or attach your own personal financial statement.

	<u>ASSETS</u>		<u>LIABILITIES</u>
Checking & Savings Account(s)	\$ _____	Note Payable - Cars	\$ _____
Investments	\$ _____	Mortgage	\$ _____
Closely-owned Businesses	\$ _____	Long-Term Obligations	\$ _____
Retirement Accounts	\$ _____	Other Liabilities	\$ _____
Personal Effects & Cars	\$ _____		
Other Assets	\$ _____		
Total	\$ _____	Total	\$ _____

12. Please list each retirement plan in which you or your spouse are a participant or a designated beneficiary and include the approximate current value.

<u>Retirement Plan</u>	<u>Participant</u>	<u>Current Value</u>	<u>Designated Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Please list each life insurance policy in which you or your spouse are insured or are a designated beneficiary, face amount (proceeds at death), name of insured, and current designated beneficiary.

<u>Life Insurance Policy</u>	<u>Face Amount</u>	<u>Name of Insured</u>	<u>Designated Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



14. Do you and your spouse have long-term care insurance coverage? _____

15. Will you or your spouse have to provide financial assistance or care to a parent or other relative who does not have long-term care insurance?

16. Please list any real estate that you or your spouse own (including mineral interests), the county and state in which it is located, and the approximate current value.

<u>Real Estate</u>	<u>County and State</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Do you or your spouse own any assets (such as bank accounts, brokerage accounts, annuities, or insurance) in the form of "payable on death", "in trust for" or "joint tenancy with right of survivorship" or "community property with right of survivorship?" Yes___ No___. If yes, please list the assets and how they are held.

18. For each business in which you or your spouse own an interest, please indicate the type of business form that it has chosen (for example, S corporation; C corporation; LLC; limited partnership).

19. Do you or your spouse expect to inherit property? Yes___ No___. If yes, please indicate on an attachment the nature and extent of this property and the county and states in which it is located.

20. 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:



21. If you or your spouse are a beneficiary under someone else’s will or trust, indicate whether you have been given a power of appointment and whether you want to exercise this power:

22. Have you ever filed a gift tax return? Yes____ No____. If yes, provide copies of all returns.

23. How would you like for your estate to be distributed?

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

25. The **EXECUTOR** is the person you appoint in your Will to settle the affairs of your estate. Your spouse, adult children, a relative, a long-time friend, or a bank may be good options for your Executor. Whom do you want to appoint as executor of your estate? Please indicate successors in case the first person or persons initially named are unable to serve.

SPOUSE 1:

Executor(s): _____

Successor(s): _____

SPOUSE 2:

Executor(s): _____

Successor(s): _____

26. The **TRUSTEE** is the person you appoint to handle trusts for the benefit of the persons you name as beneficiaries of those trusts, such as your children. Your spouse, adult children, a relative, a long-time friend, or a corporate entity having trustee powers may be good options for your Trustee. Whom do you want to serve as trustee? Please indicate successors in case the first person or persons initially named are unable to serve.

SPOUSE 1:

Trustee(s): _____



Successor(s): _____

SPOUSE 2:

Trustee(s): _____

Successor(s): _____

- 27. The **GUARDIAN** is an individual or couple whom you appoint to raise your minor children if you and your spouse both die. The guardian generally will receive distributions from your trustee for the support, maintenance, health, and education of your minor children. Whom do you want to appoint as guardian to raise your minor children if you die? Please indicate successors in case the first person or persons initially named are unable to serve.

SPOUSE 1:

Guardian(s): _____

Successor(s): _____

SPOUSE 2:

Guardian(s): _____

Successor(s): _____

- 28. Other documents that complement your Wills include a Directive to Physicians, a Power Attorney, a Medical Power of Attorney, a Declaration of Guardianship, and a HIPPA Waiver.

- a. The **DIRECTIVE TO PHYSICIANS** (also referred to as the “Living Will”) provides instructions to an attending physician to withhold or withdraw life sustaining procedures in the vent of a terminal condition where the application of such life sustaining procedures would serve only to artificially prolong the moment of death and where the attending physician determines that death is imminent or will result within a relatively short time without application of such life sustaining procedures. Would you like to execute a Directive to Physicians?

SPOUSE 1:

Yes ___ No ___

SPOUSE 2:

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. Whom do you want to serve as your agent? Please indicate a successor in case your designated agent is unable to serve. Please indicate whether you want the Power of Attorney to become effective immediately upon signing, or if you prefer that the Power of Attorney become effective only upon your disability. (Please note that this second option requires that your agent obtain a letter from your physician indicating your disability before any powers can be exercised.)



SPOUSE 1:

Agent: _____

Successor: _____

Immediately effective or upon disability only? _____

SPOUSE 2:

Agent: _____

Successor: _____

Immediately effective or upon disability only? _____

- c. The **MEDICAL POWER OF ATTORNEY** provides that your designated agent 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 in case your designated agent is unable to serve.

SPOUSE 1:

Agent: _____

Successor: _____

SPOUSE 2:

Agent: _____

Successor: _____

- d. The **DECLARATION OF GUARDIANSHIP** designates a person to serve as the guardian of your person or estate in the event you become incompetent. In the event of your incompetency, the guardian of your person would take charge of your care while the guardian of your estate would manage your property and financial affairs. Whom do you want to serve as guardian of your person and guardian of your estate? Please indicate a successor in case your designate agent is unable to serve. Is there anyone you do not want to serve as guardian under any circumstances?

SPOUSE 1:

Guardian(s) of Person: _____

Successor: _____

Guardian(s) of Estate: _____

Successor: _____

Not to serve as guardian(s) of Person: _____



Not to serve as guardian(s) of Estate: _____

SPOUSE 2:

Guardian(s) of Person: _____

Successor: _____

Guardian(s) of Estate: _____

Successor: _____

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 provide the address and telephone number for each person named, unless that information is already provides in this questionnaire.

SPOUSE 1:

SPOUSE 2:

- f. The **BODY DISPOSITION AUTHORIZATION AFFIDAVIT** allows you to designate how you wish for your remains to be handled after your death. For example, you could indicate your wishes to be cremated rather than buried. If you would like to complete this affidavit, please indicate so below and describe how you wish for your remains to be handled.

SPOUSE 1:



SPOUSE 2:

- g. The **APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS** designates a person to provide your burial instructions to a funeral home, cemetery, or crematorium. These institutions are often unwilling to accept burial instructions (such as, for example, an individual's desire to be cremated) without this document. Whom do you want to serve as your designated agent? Please indicate a successor in case your designated agent is unable to serve.

SPOUSE 1:

Agent: _____

Successor: _____

SPOUSE 2:

Agent: _____

Successor: _____

29. Please use this last page to complete any answers that you need additional room to complete. Indicate the number for the answer that you are completing.
