

## LEGACY PLANNING QUESTIONNAIRE

(for a single person)

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 names as you want them to appear in your Legacy Plan documents. If you need additional room to complete any answers, please use item 27 on the last page of this questionnaire and indicate the number for the answer that you are completing.

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

Birth Date: \_\_\_\_\_ Citizenship: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

5. Have you ever been married? Yes \_\_\_ No \_\_\_

If yes, please answer the follow questions:

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

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

6. Please list all of your children. If there are children from a prior marriage, indicate the name of the child's other parent.

Child #1

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

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

Birth Date: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #2

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

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

Birth Date: \_\_\_\_\_ Other Parent: \_\_\_\_\_



Child #3

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

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

Birth Date: \_\_\_\_\_ Other Parent: \_\_\_\_\_

Child #4

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

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

Birth Date: \_\_\_\_\_ Other Parent: \_\_\_\_\_

- 7. Other Personal Information: Please provide any other information that you feel should be mentioned because it 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 8. Please list your professional advisors.

Accountant

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

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

Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Insurance Agent

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

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

Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_



9. Does the total fair market value of all property owned by you (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                 | \$ _____ |

10. Please list each retirement plan in which you 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> |
|------------------------|--------------------|----------------------|-------------------------------|
| _____                  | _____              | _____                | _____                         |
| _____                  | _____              | _____                | _____                         |
| _____                  | _____              | _____                | _____                         |
| _____                  | _____              | _____                | _____                         |

11. Please list each life insurance policy in which you 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> |
|------------------------------|--------------------|------------------------|-------------------------------|
| _____                        | _____              | _____                  | _____                         |
| _____                        | _____              | _____                  | _____                         |
| _____                        | _____              | _____                  | _____                         |
| _____                        | _____              | _____                  | _____                         |



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

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

14. Please list any real estate that you 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> |
|--------------------|-------------------------|----------------------|
| _____              | _____                   | _____                |
| _____              | _____                   | _____                |
| _____              | _____                   | _____                |
| _____              | _____                   | _____                |

15. Do you 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.  
\_\_\_\_\_  
\_\_\_\_\_

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

17. Do you 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.

18. 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:  
\_\_\_\_\_

19. 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:  
\_\_\_\_\_



20. Have you ever filed a gift tax return? Yes\_\_\_\_ No\_\_\_\_. If yes, list years and, if possible, please provide copies of all returns.

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

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

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23. The **EXECUTOR** is the person you appoint in your Will to settle the affairs of your estate. 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.

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

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

24. 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. 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.

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

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

25. The **GUARDIAN** is an individual or couple whom you appoint to raise your minor children if you 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.

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

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



26. Other documents that complement your Will include a Directive to Physicians, a Power Attorney, a Medical Power of Attorney, a Declaration of Guardianship, a HIPPA Waiver, and an Appointment of Agent to Control Disposition of Remains.

- 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 event 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?

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.)

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.

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?

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 **HIPPA 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- f. 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.

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

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

