

BOTT & ASSOCIATES, LTD.

ATTORNEYS AT LAW

Date Received at Bott & Associates _____

Memorandum

TO: Estate Planning Clients

FROM: Maritess T. Bott

SUBJECT: Estate Planning Questionnaire

We have designed this Questionnaire to help our clients organize their thoughts on this important and complex subject. We have also found that a fully completed Questionnaire helps us structure an estate plan which accomplishes your goals. Should any questions arise as you complete this form, please do not hesitate to contact us.

ESTATE PLANNING QUESTIONNAIRE

• **General Information**

	Partner 1	Partner 2
Full Name		
Date of Birth		
Social Security Number		
Home Address		
Home Telephone		
Mobile Telephone		
e-mail Address		
<u>County</u> of Residence		
Employer/Position		
Business Telephone		
Citizenship		
Other Names Used		

ESTATE PLANNING QUESTIONNAIRE

Have you lived outside your present state of residence during your marriage?
(If so, where and when) () Yes () No

Do either of you have a will or other estate planning documents (trusts,
powers of attorney, living wills, etc.)? (If yes, provide copies.) () Yes () No

Do either of you anticipate any sizeable inheritance, or are you the beneficiary of an existing
probate estate? If yes, please indicate its approximate value _____ () Yes () No

Do either of you own property jointly with a third party or do you own property which is
payable on your death to another? () Yes () No

Are either of the beneficiary/trustee of any trusts? If yes, please explain. () Yes () No

Have either of you made any substantial gifts? If yes, please indicate to whom, when,
the value of the gift(s) and provide copies of any gift tax return(s) filed. _____

ESTATE PLANNING QUESTIONNAIRE

• **CHILDREN**

Full Names of Children	Date of Birth	Male/ Female	From Previous Marriage? Yes/No	Adopted? Yes/No

Do any of children have mental or physical problems which may require special care or attention?

() Yes () No

• **GRANDCHILDREN:**

Full Names of Children	Date of Birth	Which Child above is Parent?

• **GUARDIAN(S) FOR CHILDREN:** Who do you wish to appoint as guardian of any of your minor children?
We recommend that you list a minimum of two people.

	Name(s)	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

ESTATE PLANNING QUESTIONNAIRE

- FINANCIAL INFORMATION**

Assets (Approximate Current Value)	Husband	Wife	Joint
1. Bank accounts and cash			
2. Significant personal property (cars, jewelry, art).			
3. Marketable stocks and bonds.			
4. Closely-held business interests: Type of Entity: % Owned Approx. value Buy-Sell Of your % Agreement? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____
5. Real Estate-Home			
6. Real Estate-Other			
7. Life Insurance: Company: Owner: Beneficiary: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	 Face Value: _____ _____ _____	 Face Value: _____ _____ _____	 Face Value: _____ _____ _____
8. Employer Retirement Plans: Employer: Beneficiary _____ _____ _____ _____	 _____ _____	 _____ _____	 _____ _____
9. IRAs: Employer: Beneficiary _____ _____ _____ _____	 _____ _____	 _____ _____	 _____ _____
10. Other:			

ESTATE PLANNING QUESTIONNAIRE

LIABILITIES (Mortgages, insurance loans, major obligations, etc.)	Husband	Wife	Joint
1.	\$	\$	\$
2.			
3.			

NET ESTATE	Husband	Wife	Joint
Total Assets less Total Liabilities	\$	\$	\$

SAFE DEPOSIT BOX:

Name and Location of Bank	Owners of Box	Other Person With Access (Deputies)

PROPERTY LOCATED OUTSIDE STATE OF RESIDENCE:

Kind of Property	State of Location	How Titled? (Husband/Wife/Joint)

SOCIAL SECURITY	Husband	Wife	Joint
Annual Amount:			

ESTATE PLANNING QUESTIONNAIRE

- **PERSONAL REPRESENTATIVE (“EXECUTOR”) FOR HUSBAND.** The individual(s) you want to “execute” the terms of your Will. We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

- **PERSONAL REPRESENTATIVE (“EXECUTOR”) FOR WIFE.** The individual(s) you want to “execute” the terms of your Will. We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

- **TRUSTEE(S) FOR HUSBAND: (Manages assets for beneficiaries of any trusts.)** We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

- **TRUSTEE(S) FOR WIFE: (Manages assets for beneficiaries of any trust.)** We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

ESTATE PLANNING QUESTIONNAIRE

- **FINANCIAL DECISION-MAKING:** In the event you become incapacitated or physically unavailable, who do you want to make decisions regarding your financial and legal rights? We recommend that you list a minimum of two people.

	Decision Maker(s) for Husband:	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

	Decision Maker(s) for Wife:	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

- **FUNERAL AND BURIAL ARRANGEMENTS:**

Have either of you made prearranged funeral arrangements? If yes, please provide name and addresses of cemetery and cemetery lot number(s). _____ () Yes () No

- | | |
|--|----------------|
| Body or organs donated for transplant (H)? | () Yes () No |
| Body or organs donated for transplant (W)? | () Yes () No |
| Body or organs donated to science (H)? | () Yes () No |
| Body or organs donated to science (W)? | () Yes () No |
| Cremation (H)? | () Yes () No |
| Cremation (W)? | () Yes () No |

- **MEDICAL DECISION-MAKING:**

Husband: If your condition is terminal and you are unable to communicate decisions regarding your health care, do you want the doctor(s) to terminate life support systems? () Yes () No

If your condition is terminal and you are unable to communicate decisions regarding your health care, do you want artificial nutrition and hydration withdrawn or withheld? () Yes () No

ESTATE PLANNING QUESTIONNAIRE

If you are unable to communicate decisions regarding your health care, who do you want to make decisions on your behalf? We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

Wife: If your condition is terminal and you are unable to communicate decisions regarding your health care, do you want the doctor(s) to terminate life support systems? () Yes () No

If your condition is terminal and you are unable to communicate decisions regarding your health care, do you want artificial nutrition and hydration withdrawn or withheld? () Yes () No

If you are unable to communicate decisions regarding your health care, who do you want to make decisions on your behalf? We recommend that you list a minimum of two people.

	Name	Please Include: Complete Address, City, State, Phone Number & e-mail address	Relationship
1 st Choice			
2 nd Choice			
3 rd Choice			

• **GENERAL DISPOSITION OF ESTATE:**

HUSBAND: In general terms, what disposition of your assets do you have in mind? (Example: to wife, and then children? In trust for children?)

WIFE: In general terms, what disposition of your assets do you have in mind? (Example: to husband, and then children? In trust for children?)

ESTATE PLANNING QUESTIONNAIRE

- **SPECIFIC GIFTS:** Please list any specific gifts (such as cash, items of personal property, or real estate) you wish to make upon your death.

Amount of Cash/ Specific Personal Property Item or Real Estate	To Whom? Please Include: Name, Complete Address, City, State, Phone Number, e-mail address & Relationship

- **CONTINGENT BENEFICIARIES:** If neither your spouse, children, nor grandchildren survive, where do you want your assets to go? (Husband's family, wife's family, parents, siblings, nieces and nephews, charities?)
