

BOTT & ASSOCIATES, LTD.
ATTORNEYS AT LAW

Date Received at Bott & Associates _____

Memorandum

TO: Estate Planning Client
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**

Full Name	
Date of Birth	
Social Security Number	
Home Address	
Home Phone/Mobile Phone	
e-mail Address	
County of Residence	
Employer/Position	
Business Phone	
Citizenship	
Other Names Used	

ESTATE PLANNING QUESTIONNAIRE

Are you a party to any marital agreement or divorce or dissolution decree? () Yes () No
(If yes, provide a copy.)

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

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

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

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

Have 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)	Approx. Value
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: _____ _____ _____ _____
8. Employer Retirement Plans: Employer: Beneficiary _____ _____ _____ _____ _____ _____	
9. IRAs: Employer: Beneficiary _____ _____ _____ _____ _____ _____	
10. Other:	

ESTATE PLANNING QUESTIONNAIRE

LIABILITIES (Mortgages, insurance loans, major obligations, etc.)	Approx. Value
1.	\$
2.	
3.	

NET ESTATE	
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?

ESTATE PLANNING QUESTIONNAIRE

- **PERSONAL REPRESENTATIVE (“EXECUTOR”)** 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): (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			

- **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):	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 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? () Yes () No

Body or organs donated to science? () Yes () No

Cremation? () Yes () No

ESTATE PLANNING QUESTIONNAIRE

• **MEDICAL DECISION-MAKING:**

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:**

In general terms, what disposition of your assets do you have in mind? (Example: to parents, then to siblings?)

• **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)

ESTATE PLANNING QUESTIONNAIRE

- **CONTINGENT BENEFICIARIES:** If none of your beneficiaries were alive, where do you want your assets to go? (cousins, friends, nieces, nephews, charities?)

- **OTHER INFORMATION:** What other information or directions would you like in your estate planning documents?
