MEYER CAPEL
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Brooke Didier Starks
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Confidential

ESTATE PLANNING QUESTIONNAIRE

for a couple

Please save this questionnaire to your computer, complete, and send to Brooke Didier Starks by fax, email or U.S. Mail

Confidential

ESTATE PLANNING QUESTIONNAIRE

for a couple

The following questionnaire is confidential. It is designed to help us better assess your financial and familial circumstances. The more information we have about you, the better we can advise you and guide you in your estate planning process. The following form should be filled out as completely as possible. While it is expected that you will estimate values, it is very important to be certain of the identity of assets and how they are owned. Whether an asset is owned individually, jointly, in trust, or names a beneficiary can dramatically impact your estate plan.

Additionally, there are some other issues that you should give some thought to prior to executing your estate plan. If you have minor children, who will you name as their guardian(s) in the event that something should happen to you? In the event of your death, who would be best suited to serve as executor of your estate? Finally, if a trust is applicable to your situation, who should serve as trustee, a financial institution or a family member or friend? It is understandable that these types of decisions require quite a bit of thought, and it is important to consider a person's ability to serve in these capacities, as well as their time and inclination to do so, and then sit down and discuss your choices with both those you have named and those you have not, and explain why.

Finally, it is generally my recommendation that while preparing to execute a new Last Will and Testament, you consider executing a Durable Power of Attorney and Power of Attorney for Healthcare. The first document allows you to name an agent and successor agents to make decisions for you in the event that you cannot make them for yourself. A named power of attorney can do anything that you could do while you were capacitated. The Power of Attorney for Healthcare is a similar, but unique, tool, designed to govern who will make your healthcare decisions for you, in the event that you cannot. They are widely recognized and accepted by hospitals and medical institutions, and allow you to name an agent and select one of three guiding parameters for your agent to work within. We advise all of our clients to consider executing these documents in addition to a Living Will.

While the foregoing is a lot of information to consider, I view it as my job to help guide you through this process and make it as smooth as possible. My goal is to create a plan, suited to your individual needs, that puts your mind to rest by providing you the knowledge that your affairs are all in good order. With that in mind, please complete the following questionnaire and return it to me. You may use the back sides of the sheets for additional writing room.

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For best results, please save the questionnaire to your computer and open the questionnaire separately in Adobe Reader *before* typing information.

	CLIENT 1	**CLIENT 2**
Name (include former names)		
Address		
Telephone number		
Email Address		
Birth date		
Social Security Number		
Occupation		
Citizenship		

Date and County/State of Marriage:____

Is there a premarital agreement in effect? ___Yes ___No

Client #1 previously married? _______________ Client #2 previously married? _______________

Reason for termination: ___death or ___divorce Reason for termination: ___death or ___divorce

Please provide copies of any marital settlement agreement(s)

CHILDREN (if any)

FULL NAME	**BIRTH DATE**	**SOCIAL SECURITY NO.**

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GUARDIANSHIP OF MINOR CHILDREN:

If any of your children are minors, who would you like to be their guardian(s), if anything should ever happen to you?

Guardian(s): ______________________ Relationship: ____________________

Successor Guardian(s): ______________________ Relationship: ____________________

GRANDCHILDREN (if any):

FULL NAME	BIRTH DATE	PARENTS' NAMES

PREVIOUS ESTATE PLANNING:

Do you have current wills or trusts in effect? ____________________________

If so, please give the date of execution and location of each original document & *provide a copy*:

Client 1 Will: Dated: __________ Location of document: __________________

Client 1 Trust: Dated: __________ Location of document: __________________

Client 2 Will: Dated: __________ Location of document: __________________

Client 2 Trust: Dated: __________ Location of document: __________________

PRESENT ESTATE PLANNING:

Who would you like to serve as Executor and Successor Executor of your estate?

	☐ **CLIENT 1** Spouse as first Executor, then:	☐ **CLIENT 2** Spouse as first Executor, then:
Executor:		
Address		
City, State Zip		
Phone #		
Successor Executor:		
Address		
City, State Zip		
Phone #		

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Who would you like to name as agent of your power of attorney for property?

	☐ **CLIENT 1** Spouse as primary agent, then:	☐ **CLIENT 2** Spouse as primary agent, then:
Agent:		
Address		
City, State Zip		
Phone #		
Agent:		
Address		
City, State Zip		
Phone #		

Who would you like to name as agent of your power of attorney for healthcare?

	☐ **CLIENT 1** Spouse as primary agent, then:	☐ **CLIENT 2** Spouse as primary agent, then:
Agent:		
Address		
City, State Zip		
Phone #		
Agent:		
Address		
City, State Zip		
Phone #		

EXPECTED INHERITANCES:

	CLIENT 1	**CLIENT 2**
From Whom?		
Value		
From Whom?		
Value		

PERSONAL AGENT DATA:

Location of Safety Deposit Box: ______________________________

Name of financial planner/broker ______________________________

Name of accountant: ______________________________

Name of Life Insurance agent: ______________________________

Do you have a long-term care (nursing home) insurance policy? ______________________________

BANK ACCOUNTS:

Name of Institution	Type of Account (savings, checking, money market, CD)	Registration of Account	Average Balance
TOTAL:			

REAL ESTATE:

Type of Real Estate (residence, farm, etc.)	Real Estate Address or Location	Legal Title in Whose Name?	Fair Market Value	Mortgage(s) Balance due
Residence				

SECURITIES:

BROKERAGE ACCOUNTS AND MUTUAL FUNDS (use back of this sheet for additional entries)

Institution or Firm	Type of Account	Account Registration	Value

INDIVIDUALLY HELD STOCKS AND BONDS

Name of Company or Bond	Account Registration	Number of shares	Value

BUSINESS INTERESTS: Partnership, joint venture, closely held corporation, proprietorship

Type of Interest	Owner	% of ownership or number of shares	Value

RETIREMENT PLANS: IRAs/Keoghs, Pension plans, 401k plans, Profit-sharing plans, etc.

Plan/Administrator/ Custodian	Type of Plan	Registration	Value

LIFE INSURANCE:

Insurer	Insured	Owner	Primary & Contingent Beneficiaries	Face Amount	Cash value (whole life)

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OTHER MISCELLANEOUS ASSETS: Below, please list any other assets, such as automobiles, boats, trailers, campers, mobile homes, savings bonds, royalty or mineral interests, extremely valuable collections, and any other valuable assets not listed elsewhere.

Asset	Ownership	Value	Comments

LOANS AND NOTES: (Other than mortgages listed on page 6)

Financial Institution	Debtor	Date Due	Balance
TOTAL:			

ADDITIONAL INFORMATION:

Have you ever lived in a community property state? ____ Yes or ___ No
If so, please identify which: ___AZ ___CA ___ID ___LA ___NV ___NM ___TX ___WA ___WI

Have you ever made gifts totaling more than $10,000 to any one person in any one year? ___Yes or ___No

Are you or a member of your family a beneficiary of a trust? ___Yes or ___No

Do you own any property for your child(ren) in a custodial or other account (college savings program, etc)?
___Yes or ___No

CHARITABLE BEQUESTS: Below, please list any charitable organizations you would like to include in your estate plan.

Client	Organization	Gift (property, assets, $, etc)

SPECIFIC BEQUESTS: Below, please list any specific gifts you know you would like to include in your planning documents.

Client	Recipient	Gift (property, assets, $, etc)

PLEASE LIST ANY FURTHER INFORMATION YOU WANT ME TO KNOW:

Signature:____

Signature:____

Date of Completion of Questionnaire:____

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