

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE  
FOR MARRIED COUPLES**

At the this office, we will draft separate Wills, Revocable Trusts, Health Care Proxies, and Powers of Attorney, one for each of you. The choices of you and your spouse can differ as to appointments of guardians, executors and trustees, and as to bequests of your property. Feel free to skip questions which do not apply or if the needed information is not readily available. Our initial conference can be more meaningful and productive if the estate planning questionnaire is received prior to our initial meeting. Completion of the questionnaire will save time and fees.

**A. PERSONAL INFORMATION**

Please print your full names as you wish them to appear in your estate plan documents.

Your Name (person completing form)

Your Spouse's Name

\_\_\_\_\_

Home Address

\_\_\_\_\_  
(Street Number & Name)

\_\_\_\_\_  
(Town, State, Zip Code)

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Email Address \_\_\_\_\_

	<u>You</u>	<u>Your Spouse</u>
Dates of Birth	_____	_____
Citizenship	_____	_____
Current Occupation (if any)	_____	_____
Employer Name	_____	_____
Business Phone	_____	_____

**B. CHILDREN AND OTHER DEPENDENTS:**

Please provide the following information regarding your children (if more than two, check here \_\_\_\_\_ and continue on reverse side of this page):

Child's Name	Address	Telephone	Date of Birth	Child Married or Engaged	From a Previous Relationship	# of Grandchildren (name & age)
_____						
_____						
_____						

**GUARDIANS:**

If you have a child or children who are dependent (under age 18), or if you expect to have children in the future, please list here Guardian(s) you wish to appoint in your wills. *A Guardian has legal responsibility for taking care of minor children if neither you nor your spouse is living. If you wish to name a married couple as guardians, please indicate your preferences as to who will serve if they divorce.*

**GUARDIAN**

First to Serve  
After Your Spouse:

Your Preferences

Your Spouse's Preferences  
(if different)

Name(s)	_____	_____
Relationship (if any)	_____	_____
Town and State	_____	_____
Telephone	_____	_____

Second to Serve:

Name(s)	_____	_____
Relationship (if any)	_____	_____
Town and State	_____	_____
Telephone	_____	_____

If you wish to name additional Guardians, check here \_\_\_ and complete on the reverse side of this page.

Do any children have special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe:

\_\_\_\_\_

If you or your spouse have other dependents (individuals partially or wholly dependent on you for support), please provide the following information:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

**C. APPOINTMENTS OF AGENTS**

Please answer the following questions so that we can prepare documents which help to protect you in the event that you should become “incompetent” - legally unable to make decisions. In most states, you are able to appoint people to make decisions for you, in such situations, so long as you make the appointments at a time when you are competent to act. There are three different documents which we can prepare for you:

**DURABLE POWER OF ATTORNEY**

This document gives your “attorney” the legal power to make most decisions which you now make. For example, they can sell your real estate, close bank accounts and sign tax returns. This form does not allow medical decisions to be made (see Health Care Proxy below). Usually, spouses appoint one another and may also appoint a friend, parent or sibling to act if their spouse cannot.

(a) Do you wish to complete a Durable Power of Attorney? Yes \_\_\_ No \_\_\_

Do you wish to name your spouse ? Yes \_\_\_ No \_\_\_

Please indicate here the name and relationship of an alternate attorney, if any

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Name Street, Town, State, Zip Relationship

(b) Does your spouse wish to complete a Durable Power of Attorney? Yes \_\_\_ No \_\_\_

Does your spouse wish to name you? Yes \_\_\_ No \_\_\_

Please indicate here the name and relationship of an alternate attorney, if any

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Name Street, Town, State, Zip Relationship

**HEALTH CARE PROXY**

In most states you can name an individual to act as your “Health Care Agent”. The Agent has the power to make medical decisions on your behalf if you become unable to make or communicate those decisions. Usually, spouses appoint one another, and may also appoint a parent, sibling, other relative or friend to act as an Alternate Agent if their spouse cannot act.

Do you wish to complete a Health Care Proxy? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) Do you wish to name your spouse as Agent? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate here the name and relationship of an Alternate Agent, if any.

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Name	Street, Town, State, Zip	Relationship
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Telephone (hm.)	(bus.)
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Does your spouse wish to complete a Health Care Proxy? Yes \_\_\_ No \_\_\_

(a) Does your spouse wish to name you as Agent? Yes \_\_\_ No \_\_\_

(b) Please indicate here the name and relationship of an Alternate Agent, if any.

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Name	Street, Town, State, Zip	Relationship
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**D. APPOINTMENT OF FIDUCIARIES- YOUR WILLS AND TRUSTS**

**EXECUTOR (For your Wills)**

An Executor is the person with responsibility for carrying out the terms of your will, usually with the assistance of an accountant and/or attorney who handles Estate administration. The Executor will serve for approximately one year, file tax returns and distribute your property.

**NOTE:** *A spouse may serve as Executor for a spouse's estate.*

Whom do you and your spouse wish to serve as Executors of your wills?

<u>Executor</u>	<u>For You</u>	<u>For Your Spouse</u>		
Surviving spouse?			Yes ___	No ___
_____			Yes ___	No ___

If not surviving spouse, list under Successor Executor below:

<u>Successor Executor #1</u>	<u>For You</u>	<u>For Your Spouse</u>
Name	_____	_____
Town and State	_____	_____
Relationship (if any)	_____	_____
<u>Successor Executor #2</u>	<u>For You</u>	<u>For Your Spouse</u>
(if desired)		
Name	_____	_____
Town and State	_____	_____
Relationship (if any)	_____	_____

**TRUSTEES**

A Trustee is the person who has the responsibility for managing the trust's property, including filing accountings and annual tax returns and making distributions as required by the terms of the trust. A Trustee is needed for as many years as the Trust is active.

*Below, please indicate whom do you wish to serve as Trustee(s) of your revocable trusts:*

Please check here if you wish to have your surviving spouse serve as Co-Trustee. \_\_\_\_\_

Please check here if your spouse wishes you to serve as Co-Trustee. \_\_\_\_\_

Trustee Of Your Trust                      Trustee Of Your Spouse's  
**Initially to Benefit Spouse**      **Trust Initially to Benefit You**

Co-Trustee(s) - Please name at least one individual other than your spouse:

Name	_____	_____
Town and State	_____	_____
Relationship (if any)	_____	_____

Successor Trustee(s):

Name	_____	_____
Town and State	_____	_____
Relationship (if any)	_____	_____

Name	_____	_____
Town and State	_____	_____
Relationship (if any)	_____	_____

You or your spouse may be considered to be a resident of more than one state or country. If you and/or your spouse live or spend a significant amount of time in any other state or country, please check here \_\_\_\_\_, turn this page over and describe the details of your contact with each state or country, including real estate owned in each jurisdiction, where you have automobile registrations, voter registrations and memberships in religious, civic, social or business organizations, etc.

Have you ever been a resident of a community property state (LA, TX, NM, AZ, CA, NV, WA, ID, WI)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

List the names of any states you have lived in since your marriage  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you ever been married in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate date of divorce \_\_\_\_\_ State \_\_\_\_\_

Has your spouse ever been married in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate date of divorce \_\_\_\_\_ State \_\_\_\_\_

Did you and your spouse sign a prenuptial or postnuptial agreement? If so, please provide a copy.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you receive, or anticipate receiving, income from any other trust?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate yearly distribution. \$ \_\_\_\_\_/year

Does your spouse receive, or anticipate receiving, income from any trust?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes\*, please indicate yearly distribution. \$ \_\_\_\_\_/year

*\*We will need to see a copy of the appropriate documents to determine if they include any "powers of appointment" which must be included in your will.*

**PRIOR TAXABLE GIFTS**

1) Have you ever filed a gift tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish us a copy of the latest return.

2) Have you ever made a gift to a minor under the Uniform Gifts to Minors Act or under the Uniform Transfers to Minors Act? Yes \_\_\_\_\_ No \_\_\_\_\_

**What is the approximate total value of your estates (all property, including cash, real estate, and life insurance proceeds):**

Jointly Held Property \$ \_\_\_\_\_

Wife's Assets \$ \_\_\_\_\_

Husband's Assets \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_