

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
FOR SINGLE PERSONS

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 name as you wish them to appear in your estate plan documents.

Your Name (person completing form)

Home Address

(Street Number & Name)

(Town, State, Zip Code)

Home Phone _____ Home Fax _____

Email Address _____

You

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	# 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 you are not 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

Your Preferences

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

Name

Date of Birth

Relationship

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).

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

Please indicate here the name and relationship of the agent,

Name Street, Town, State, Zip Relationship

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

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) Please indicate here the name and relationship of the agent,

Name Street, Town, State, Zip Relationship

Telephone (hm.) (bus.)

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

Name Street, Town, State, Zip Relationship

Telephone (hm.) (bus.)

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.

Whom do you and your spouse wish to serve as Executor of your will?

Executor

Name Street, Town, State, Zip Relationship

Successor Executor

Name Street, Town, State, Zip Relationship

ASSETS

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

TOTAL: \$ _____