
Estate Planning Questionnaire

This confidential questionnaire is intended to guide our first discussion regarding your estate plan. Please take some time to discuss the questions with your spouse, family, or loved ones.

It is okay if you are not sure of the answer to every question, just please make an effort to think through the issues presented. Any questions or concerns that arise can be covered when we meet.

For married couples – While it may seem redundant, it is important that one spouse complete the information requested under the heading, “Prospective Client 1” and the other spouse complete the information under the heading, “Prospective Client 2.”

Last name(s): _____

General Information – Prospective Client 1

First Name: _____ Middle: _____ Last: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Last 4 of SSN: XXX-XX-_____ Date of Birth: _____ Country of Citizenship: _____

Home #: _____ Cell #: _____ Email: _____

Occupation: _____ Employer: _____

Marital status: Single Married Domestic Partnership Widowed

* Are you subject to any agreement or judgement (e.g., prenuptial agreement, community property agreement, separation agreement, divorce decree, partnership/shareholders agreement, etc.) that restricts control over the distribution of your assets? Yes No

* Have you previously made a Will, Trust, or Power of Attorney? Yes No

General Information – Prospective Client 2

First Name: _____ Middle: _____ Last: _____

Last 4 of SSN: XXX-XX-_____ Date of Birth: _____ Country of Citizenship: _____

Home #: _____ Cell #: _____ Email: _____

Occupation: _____ Employer: _____

Marital status: Single Married Domestic Partnership Widowed

* Are you subject to any agreement or judgement (e.g., prenuptial agreement, community property agreement, separation agreement, divorce decree, partnership/shareholders agreement, etc.) that restricts control over the distribution of your assets? Yes No

* Have you previously made a Will, Trust, or Power of Attorney? Yes No

IMPORTANT: If you answered yes to a question marked with an asterisk (*), please bring those documents to our meeting.

How did you hear about Seiter Law? Referred by: _____

Facebook Yelp Online Directory (Avvo, FindLaw, NOLO, etc.) Google Search

Last name(s): _____

Children

Children of this Union: Include all children (living or passed) regardless of whether you want to include the child in your estate plan.

Full Name	Address Phone Number	Gender M / F	Birthdate MM/DD/YYYY	Natural/ Adopted	Marital Status	# of Child's Children

Children NOT of this Union: Include all children (living or passed) regardless of whether you want to include the child in your estate plan. This may require the use of special trust provisions or language to specifically disinherit.

Full Name	Address Phone Number	Gender M / F	Birthdate MM/DD/YYYY	Natural/ Adopted	Marital Status	# of Child's Children

Last name(s): _____

Administration & Financial Power of Attorney

A Personal Representative is appointed to ensure your debts are paid and your assets are delivered to the individuals you designate in your will. If you have a trust, this person is called a Co-Trustee or Successor Trustee. In either situation, the surviving spouse generally fulfills this role. However, when the surviving spouse dies, this role needs to be filled by another person. This person should be capable of making important decisions on your behalf soon after your death. Therefore, you should take care to nominate a person who you are confident can think and act clearly under stressful conditions. Generally, this individual will also be your agent in your financial durable power of attorney. A financial power of attorney allows you to name an agent to make financial decisions on your behalf while you are still living. You can choose to make this power exercisable immediately or only upon your incapacity (when you are no longer able to make your own decisions). Please specify a primary and alternates to serve if you are unable to serve due to death or incapacity. Ensure the individuals' contact details are included on page 10, under "Important People's Contact Information."

Would you like your spouse to serve in this capacity? Yes No

Primary Successor: _____ Relationship to you: _____

Secondary Successor: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Do you want any above successors to serve together? Yes No If yes, please explain:

If Prospective Client 1 and 2 wish to nominate different successors depending on who survives the other, please explain: _____

Would you like the power of attorney be effective *only upon your incapacity*? Yes No
If "yes", do you want this limitation to apply *only to your successor agents*, but allow your primary agent to have power to act immediately? Yes No

Do you have any powers of attorney that need to be revoked (i.e. copy of POA is on file with a financial institution or in possession of another? Yes No If yes, please list names and contact information for any person/institution that has a copy: _____

Last name(s): _____

Guardianship of Minors, Considerations for Adults & Pets

If you have any children who are under 18, you should name guardian(s) to care for them in the event that both natural parents have died. The guardian(s) of your children do not have to be the same as your successor trustee(s). We will discuss this issue in greater detail during our meeting. Ensure the individuals' contact details are included on page 10, under "Important People's Contact Information."

Primary Guardian (if any): _____ Relationship to you: _____

Successor (if any): _____ Relationship to you: _____

Alternate Successor (if any): _____ Relationship to you: _____

If a guardian is to be appointed, should the guardian also be appointed as the conservator of the children's property? Yes No

If marriage or other criteria will be required for any of the above to serve as guardian, please explain: _____

If different guardians are to be appointed for different children, or if Prospective Client 1 and Prospective Client 2 wish to nominate different guardians, please explain: _____

If any child or potential beneficiary has special needs (disabilities, psychological problems, substance abuse issues, creditor issues, etc.) that should be planned for, please explain below: _____

Do you have any cryopreserved reproductive material (frozen sperm, eggs, or embryos) that needs to be planned for? Yes No If yes, please explain: _____

Do all of your adult children have a basic estate plan in place? Yes No

Do you have any pets that you would like to make arrangements for? Yes No If yes, please explain: _____

Last name(s): _____

Specific Gifts, Charitable Considerations

The residuary estate (discussed on the next page) consists of what remains after specific gifts of real property, personal property, and cash have been disposed of. If you would like to make any specific gifts before the residue is distributed, please indicate below.

Are there to be gifts of **real property** (land/houses), **personal property** (jewelry, heirlooms, guns, etc.) or **cash**? Yes No

- If yes, please list the beneficiaries, describe the property or cash amount, and indicate what should happen if the beneficiary predeceases you. Lapse means that the gift would become part of the residuary estate as opposed to passing to another (i.e. the beneficiary's heirs. **Attach a separate page if more space is required.**

Beneficiary	Property Description / Amount of Cash	Lapse? Or to someone else?

For couples: Should any of the above gifts be given at the first death (i.e. "if W dies first, her ring goes to [X]" or "if H dies first, his guns go to [Y]"? Yes No

If yes, please explain: _____

NOTE: Specific gifts of personal property can be written into the Will or Trust document, or can be described in a separate writing that is incorporated into the final document by reference. We will talk about these options when we meet.

Are there to be any gifts (property, cash, OR % of the estate) to **charity**? Yes No

If yes, please explain: _____

Last name(s): _____

The Residuary Estate

The residuary estate is everything that is left after all of the specific gifts listed on the previous page have been distributed. Typically, the residuary estate is given to the remaining spouse, and if your spouse predeceases you, the residuary estate is divided into equal shares for each of your children. Per stirpes means that if one of your children was to predecease you, that child's share would be given to that child's children (your grandchildren).

The residuary estate is to be distributed as follows: (check one)

To the spouse outright; but if spouse predeceases, to the children per stirpes OR to others as described below:

-OR- Some other distribution as described below:

If all of the beneficiaries listed above predecease you, who do you want to name as contingent beneficiaries? (Contingent beneficiaries may be individuals, groups of people (e.g. "parents", or "siblings"), or a charity, plus you can designate a series of successor alternate beneficiaries.):

At what age (or ages) do you want beneficiaries to be to receive lump sums from the estate?

18; 21; 1/2 at age __, 1/2 at age __; 1/3 at age __, 1/3 at age __, 1/3 at age __;
 Other: _____

If a trust will be created, what should it be called? (Default is "The [LastName] Living Trust".)

If you opt to delay distributions, can the Trustee make distributions on behalf of the beneficiary for certain living expenses (e.g. health, education, maintenance, support)? Yes No

Do you foresee a need for additional financial protections (e.g. including "special distribution provisions", creating an A/B Trust, requiring Successors to post a bond, or appointing a Trust Protector)? Yes No If yes, please explain your concerns: _____

Do you want to disinherit anyone from receiving any property? Yes No If yes, please explain: _____

Last name(s): _____

Health Care/Mental Health Care Choices

A Durable Health Care Power of Attorney and Durable Mental Healthcare Power of Attorney allow you to appoint an agent to make future healthcare decisions for you in the event that you are incapacitated or otherwise unable to make those decisions for yourself. Please specify your Primary and Successor Agents. Ensure the individuals' contact information is included on page 10, under "Important People's Contact Information."

Prospective Client 1: (*Couples:* Usually, your spouse should be appointed as Primary Agent.)

Primary Agent: _____ Relationship to you: _____

Successor Agent: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Do you want any above Successors to serve together? Yes No If yes, please explain:

Prospective Client 2: (*Couples:* Usually, your spouse should be appointed as Primary Agent.)

Primary Agent: _____ Relationship to you: _____

Successor Agent: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Additional Successor: _____ Relationship to you: _____

Do you want any above Successors to serve together? Yes No If yes, please explain:

Is there any special information that should be included in your healthcare powers (such as significant health concerns, dangerous allergies, religious concerns, personal preferences, etc.)?

FUNERAL ARRANGEMENTS:

Prospective Client 1: (check one)

Cremated

-OR- Buried

Instructions for your remains/cremains:

Are you a veteran? Yes No

Prospective Client 2: (check one)

Cremated

-OR- Buried

Instructions for your remains/cremains:

Are you a veteran? Yes No

Please specify any additional funeral instructions or prepaid arrangements you have purchased: _____

Last name(s): _____

Living Will

A living will controls the health care treatment decisions that can be made on your behalf. A living will limits a health care power of attorney by allowing you to make certain decisions about what should happen if certain conditions exist. You may simply allow the person you name above to make these decisions through your health care power of attorney, or you can make them yourself through a living will. Below are some of the ways to articulate the different circumstances. Please think through these circumstances and come prepared to discuss your wishes at our first meeting.

1. If I have a terminal condition I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death.

2. If I am in a terminal condition or an irreversible coma or a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:
 - (a) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.
 - (b) Artificially administered food and fluids.
 - (c) To be taken to a hospital if at all avoidable.

3. Notwithstanding my other directions, if I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

4. Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

5. I want my life to be prolonged to the greatest extent possible.

If you have thought some of this through already, please briefly describe your wishes regarding end-of-life care: _____

Last name(s): _____

Important People's Contact Information

Please provide the contact information below for any individuals you have identified to serve as successor trustee, personal representative, power of attorney, guardian, and health care power of attorney.

First Name: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Best Contact Ph#: _____

First Name: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Best Contact Ph#: _____

First Name: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Best Contact Ph#: _____

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Home Address: _____
City: _____ State: _____ Zip: _____ Best Contact Ph#: _____

First Name: _____ Middle: _____ Last: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Best Contact Ph#: _____

Last name(s): _____

Financial Worksheet

This worksheet is provided as a tool so that you can get an estimate of your current financial situation. My recommendation as to the most appropriate estate plan will depend on the value and composition of your estate. If you need extra room, feel free to attach additional pages.

ASSETS

Cash Accounts (Checking, Savings & Money Market Accounts):

Bank or Credit Union	How the Account is Titled Now (names on the account and whether it is Separate / Community / JTWR0S / POD, etc.)	Account Number	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Qualified Accounts (IRA Accounts, Roth IRA Accounts, 401K / 403B Accounts, Annuities, etc.):

Financial Institution	How the Account is Titled Now (type of account, name of owner, and who is listed as primary & contingent beneficiary)	Account Number	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Qualified Accounts (Brokerage Accounts, Direct Stock Accounts, Mutual Funds, etc.):

Financial Institution	How the Account is Titled Now (names on the account and whether it is Separate / Community / JTWR0S / TOD, etc.)	Account Number	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last name(s): _____

Life Insurance (Term, Whole Life, Universal Life, Employer-Provided Life, etc.):

Insurance Company	How the Policy is Titled Now (type of insurance, name of insured, and who is listed as primary & contingent beneficiary)	Policy Number	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have the right amount/kind of insurance to protect your beneficiaries? Yes No
 Are you comfortable with your overall financial/investment plan? Yes No
 Do you have a financial advisor handling your investments/insurance? Yes No

Real Estate (Primary Residence, 2nd Home/Cabin, Rental Property, Raw Land, Time Shares, etc.):

Property Address	How is it Titled? (type of property, names on title, and whether it is Separate/Community/JTWROS, etc.)	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicles (Please list the type & approximate value of any auto, boat, plane, truck, campers, etc.):

Year, Make, Model	How is it titled? (Individually? Jointly?)	Loan Balance	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Loans & Accounts Receivable (Does anyone – child, partner, friend – owe you money?):

Last name(s): _____

Interest in Any Business (Please list the name and address of company, whether it is a corporation, partnership, sole proprietorship or trust, your capital contribution, net worth of the business, percent of your interest, and any other information):

Household Furnishings (estimated value): _____

Jewelry, Guns, Art, Antiques, Gold, etc. (Please describe the asset and approximate value):

Other assets (e.g., collections, hobbies, judgments, causes of action, patents, trademarks, copyrights, royalties, and any other assets not herein above itemized):

TOTAL ASSETS \$ _____

IMPORTANT: If married, are any of the above assets NOT community property (i.e. separate assets acquired before marriage, or assets received by gift/inheritance)? Yes No

If yes, please explain: _____

LIABILITIES

Approximate Value of All Liabilities (mortgages, credit cards, security agreements, broker margin accounts, notes payable, loans on life insurance policies, other):

TOTAL LIABILITIES \$ _____

NET WORTH (Assets minus Liabilities) \$ _____

