

# ESTATE PLANNING QUESTIONNAIRE

## Law Office of Claire Johnson Saénz, LLC

1000 Brooktree Road

Suite 209

Wexford, PA 15090

724-620-4898

claire.saenz@wexfordlawyer.com

wexfordlawyer.com

### SECTION I CLIENT INFORMATION

**Client** \_\_\_\_\_ Date of Birth \_\_\_\_\_

*[Print name as you would like it to appear on documents]*

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

**Spouse** \_\_\_\_\_ Date of Birth \_\_\_\_\_

*[Print name as you would like it to appear on documents]*

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Municipality: \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date and location of marriage: \_\_\_\_\_

#### Client

Occupation \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Business Fax No.: \_\_\_\_\_

Cellular Phone No.: \_\_\_\_\_

#### Spouse

Occupation \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_

Business Fax No.: \_\_\_\_\_

Cellular Phone No.: \_\_\_\_\_

Referred By: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Accountant: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**FAMILY AND BENEFICIARY INFORMATION**

<b>CHILDREN</b>				
	Child #1	Child #2	Child #3	Child #4
Full Name:				
Address:				
Phone Numbers:				
Date of Birth:				
Marital Status				
Spouse or Partner's Full Name				
Child of Both Husband and Wife? (Yes/No)				

**GRANDCHILDREN**

	Full Name:	Date of Birth:	Marital Status	Name of Your Child who is this Grandchild's Parent
Grandchild #1				
Grandchild #2				
Grandchild #3				
Grandchild #4				
Grandchild #5				
Grandchild #6				
Grandchild #7				
Grandchild #8				
Grandchild #9				
Grandchild #10				

<b>OTHER BENEFICIARIES (OR CHARITIES)</b>				
	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>
Full Name:				
Relationship to You:				
Address:				
Phone Numbers:				
Age:				
Marital Status				

Do you think that any of your intended beneficiaries warrant special consideration due to physical or mental disabilities, financial immaturity, claims of creditors, or otherwise? If yes, please explain below:

### ADDITIONAL INFORMATION

	<b>Client</b>		<b>Spouse</b>	
Do you presently have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a financial power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a healthcare power of attorney/living will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed a federal gift tax return? If so, please provide a copy of return(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you presently have a trust? If so, please provide a copy of the trust agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in information about setting up a revocable (“living”) trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there any previous marriages? Please provide a copy of settlement agreement, if applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have a plan for transferring your interest at death or retirement? If so, briefly describe and provide copy of buy-sell or shareholders agreement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do any of your children work in the business with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you entered into any agreements with your spouse or partner (such as a pre-nuptial, domestic partnership, or community property agreement)? If so, please provide a copy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any serious health problems? If so, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION II**

**ASSET AND LIABILITY INFORMATION**

**Checking Accounts**

Institution	Owner (Client/Spouse/Joint)	Amount

**Total**                      \$ \_\_\_\_\_

**Savings Accounts**

Institution	Owner (Client/Spouse/Joint)	Amount

**Total**                      \$ \_\_\_\_\_

**Certificates Of Deposit**

Institution	Owner (Client/Spouse/Joint)	Amount

**Total**                      \$ \_\_\_\_\_

**Mutual Funds**

Fund	Owner (Client/Spouse/Joint)	Market Value

**Total**                      \$ \_\_\_\_\_

**Bonds (Government, Municipal, Corporate)**

Issued By	Owner (Client/Spouse/Joint)	Denomination	Market Value

**Total**                    \$ \_\_\_\_\_

**Stocks**

Corporation	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**Annuities**

Company and Policy Number	Issue Date	Owner (Client/Spouse)	Beneficiary	Present Value

**Total**                    \$ \_\_\_\_\_

**Residences**

Address	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**Real Estate Held For Investment**

Type	Location	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**Retirement Plans: 401(k), Pension, IRA, Keogh**

Owner (Client/Spouse)	Type	Beneficiary	Amount

**Total**                    \$ \_\_\_\_\_

**Business Interests**

Business Name	Owner (Client/Spouse/ Joint)	Type of Entity (Corporation/ Partnership/LLC)	Percentage Ownership	Total Value of Business

**Total**                    \$ \_\_\_\_\_

**Life Insurance**

Name of Owner/Insured	Beneficiary	Face Amount	Insurance Company	Type of Policy (Term, Whole Life, etc.)

**Total**                    \$ \_\_\_\_\_

**Jewelry or Art**

Item	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**Automobiles**

Item	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**Household Furnishings and Assets Not Listed Previously**

Item	Owner (Client/Spouse/Joint)	Market Value

**Total**                    \$ \_\_\_\_\_

**529 Plans and other Education Funds**

Owner (Client/Spouse)	Contingent Owner	Type	Beneficiary	Amount

**Total**                    \$ \_\_\_\_\_

**Liabilities (significant liabilities only)**

Creditor	Current Balance	Secured By

**Total**                    \$ \_\_\_\_\_

**SECTION III**  
**ESTATE PLANNING DOCUMENTS**

1. **SPECIFIC GIFTS.** Please list any special gifts to a particular person (such as a piece of jewelry to a particular child) which you would like to make.

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2. **CHARITABLE GIFTS.** Please list any charitable gifts (such as to an institution or church) which you would like to make.

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3. **RESIDUE OF ESTATE.** Briefly describe how you would want all assets other than specific gifts distributed.

All to spouse; then equally among children and, if a child does not survive, the deceased child's children equally split the share of the deceased child

All to spouse, then equally among surviving children only

All to spouse, then \_\_\_\_\_  
\_\_\_\_\_

All to children, equally and, if a child does not survive, the deceased child's children equally split the share of the deceased child

Split all assets equally among surviving children only

Other distribution, as follows: \_\_\_\_\_  
\_\_\_\_\_

4. **AGE OF TRUST DISTRIBUTION.** If you establish a trust to allow a third party (known as a "trustee") to manage assets for younger beneficiaries, you will need to decide when those beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her entire share at the time the beneficiary reaches a particular age. Alternatively, you may want to give the beneficiary a portion of his/her share at specified ages, such as 1/3 at age 22, 1/3 at 25 and the balance at 30. You can use any combination of ages and percentages.

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5. **DEFAULT DISTRIBUTION.** You should provide for the distribution of your property in the event that none of the beneficiaries listed above is living.

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6. **EXECUTOR.** Your will must name an executor (also known as a “personal representative”) to be in charge of probating your estate. Most people name their spouse as the primary executor, with a child, relative, friend or financial institution as the alternate.

Executor/Personal Representative: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

7. **TRUSTEE UNDER WILL.** You may need a trustee for a variety of reasons, including the management and expenditure of funds for a young beneficiary. A trustee can keep the beneficiary’s money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and distribute assets according to your wishes.

Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

8. **GUARDIAN OF MINOR CHILDREN.** If you have minor children, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event that your first choice cannot serve.

Guardian: \_\_\_\_\_

Alternate: \_\_\_\_\_

9. **REVOCABLE (“LIVING”) TRUST TRUSTEE.** If you choose to avoid probate of your estate by creating a revocable trust during your lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets during your lifetime if you could not do so due to incapacity. The successor trustee would also be responsible for distributing assets to beneficiaries after your death.

Successor Trustee: \_\_\_\_\_

Alternate: \_\_\_\_\_

10. **POWER OF ATTORNEY.** Your Power of Attorney will name an agent to make financial decisions on your behalf. Often, the primary agent is the spouse (or, if none, an adult child or children). You may also wish to name an alternate agent.

Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

11. **HEALTH CARE POWER OF ATTORNEY/LIVING WILL.** This document names an agent to make healthcare decisions on your behalf if you are unable to do so (such as consenting to medical treatments and authorizing admission to healthcare facilities). It also sets forth your desires regarding about life-sustaining treatments and measures.

Agent: \_\_\_\_\_

Alternate: \_\_\_\_\_

## NOTES AND QUESTIONS

Please provide any additional information that may be of importance in planning your estate and note any questions you have.