

ESTATE PLANNING QUESTIONNAIRE

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SECTION I CLIENT INFORMATION

Client _____ 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: _____

Personal Cell: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone No. _____ Business Cell: _____

Business E-Mail: _____

Single/Never Married Divorced Widowed Separated Live with Partner

Referred By: _____

Financial Advisor: _____

Accountant: _____

TODAY'S DATE: _____

FAMILY AND BENEFICIARY INFORMATION

CHILDREN				
	Child #1	Child #2	Child #3	Child #4
Full Name:				
Address:				
Phone Numbers:				
Date of Birth:				
Marital Status				
Spouse or Partner's Full Name				

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				

OTHER BENEFICIARIES (OR CHARITIES)				
	#1	#2	#3	#4
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

Do you presently have a will?	<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
Do you presently have a healthcare power of attorney/living will?	<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
Do you presently have a trust? If so, please provide a copy of the trust agreement.	<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
Are you subject to a settlement agreement regarding a previous marriage? If so, please provide a copy.	<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
Do you own a business?	<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
If yes, do any of your children work in the business with you?	<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
Have you entered into any agreements with a domestic partner? If so, please provide a copy.	<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
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION II

ASSET AND LIABILITY INFORMATION

Checking Accounts

Institution	Owner	Amount

Total \$ _____

Savings Accounts

Institution	Owner	Amount

Total \$ _____

Certificates Of Deposit

Institution	Owner	Amount

Total \$ _____

Mutual Funds

Fund	Owner	Market Value

Total \$ _____

Bonds (Government, Municipal, Corporate)

Issued By	Owner	Denomination	Market Value

Total \$ _____

Stocks

Corporation	Owner	Market Value

Total \$ _____

Annuities

Company and Policy Number	Issue Date	Owner	Beneficiary	Present Value

Total \$ _____

Residences

Address	Owner	Market Value

Total \$ _____

Real Estate Held For Investment

Type	Location	Owner	Market Value

Total \$ _____

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

Owner	Type	Beneficiary	Amount

Total \$ _____

Business Interests

Business Name	Owner	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	Market Value

Total \$ _____

Automobiles

Item	Owner	Market Value

Total \$ _____

Household Furnishings and Assets Not Listed Previously

Item	Owner	Market Value

Total \$ _____

529 Plans and other Education Funds

Owner	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.

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

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

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.

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

6. **EXECUTOR.** Your will must name an executor (also known as a “personal representative”) to be in charge of probating your will (gathering assets, paying your debts, final expenses and taxes, and distributing assets to beneficiaries, typically with the assistance of an attorney). It is important that the person you name as executor be trustworthy and able to handle financial matters.

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. Also, similar to the executor of a will, the successor trustee would be responsible for the administration of your estate upon 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 agent is an adult child or children, or a close and trusted friend. 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.