

ESTATE PLANNING QUESTIONNAIRE

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Husband:

First Name

Last Name

US citizen:

Date of Birth:

Phone: ()

Current Address:

Own

Rent

City:

State:

ZIP:

Email:

Wife:

First Name

Last Name

US citizen:

Date of Birth:

Phone: ()

Current Address:

Same as
Husband's
Address?

City:

State:

ZIP:

Email:

CHILDRENAdult
Child?

First Name

Last Name

DOB

M or F

1)

2)

3)

4)

NO CHILDREN - OTHER BENEFICIARIES

First Name

Last Name

Relationship
to Husband

M or F

1)

2)

3)

4)

SUCCESSOR TRUSTEE / EXECUTOR

You and your spouse are each other's initial trustees, guardians, and agents for durable power of attorney. You can nominate your adult children / beneficiaries / foreign residents as successor trustees.

M or F

SUCCESSOR TRUSTEE'S NAME:

Address:

City:

State:

Zip:

Phone:

Relation to Husband:

M or F

ALTERNATE TRUSTEE'S NAME:

Address:

City:

State:

Zip:

Phone:

Relation to Husband:

ALL MY ADULT CHILDREN SHALL BE CO-SUCCESSOR TRUSTEES. FILL IN ADDITIONAL CONTACT INFORMATION AS NEEDED AT END OF QUESTIONNAIRE

DISTRIBUTION OF ESTATE AFTER DEATH

ESTATE WILL BE DISTRIBUTED EQUALLY TO ALL CHILDREN. IF BENEFICIARIES NOT CHILDREN, FILL IN ADDITIONAL CONTACT INFORMATION AS NEEDED AT END OF QUESTIONNAIRE

Optional cash gift to

Name

Relation to husband

Amount \$

TIMING OF DISTRIBUTION

I WANT MY CHILDREN TO RECEIVE MY MONEY AT AGE 18
(Children will receive an allowance prior to distribution)

1

2

3

OR DISTRIBUTED AT UP TO 3 EQUAL INSTALLMENTS AT AGE:

GUARDIANSHIP FOR MINOR CHILDREN YOUNGER THAN 18Same as
Successor
Trustee**GUARDIAN NAMES - SINGLE** ☐ **OR CO-GUARDIAN** ☐ (married couple or registered partners only)

	Name	Address	City	State	Zip	Phone	Relationship
1.						()	
2.						()	

Temporary Guardian

	Name	Address	City	State	Zip	Phone	Relationship
1.						()	

DURABLE POWER OF ATTORNEY FOR FINANCIAL AND MEDICAL DECISIONSSame as
Successor
Trustee

	Name	Address	City	State	Zip	Phone	Relationship
1.						()	
2.						()	

HEALTH CARE PROVISIONS**STOP LIFE SUPPORT IF IN IRREVERSIBLE COMA?**

Husband Notes:

Wife Notes:

ORGAN DONATION

(SPECIFIC PARTS AND/OR PURPOSE)

Husband Notes:

Wife Notes:

AUTOPSY OK IF REQUESTED BY FAMILY MEMBER?

Husband Notes:

Wife Notes:

BURIAL / CREMATION

Type	Notes
Husband	
Wife	

RENTAL PROPERTY

Do you own rental properties?

Address:

Address:

Address:

COMPANY STOCK OPTION PLANS

Company	Notes
Husband	
Wife	

PREVIOUS MARRIAGE

Previous Spouse's Name	Divorce/Death	Year
Husband		
Wife		

PREVIOUS ESTATE PLAN

Trust Name	Signing Date	Signing Location
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NOTES / COMMENTS / QUESTIONS

Please add any additional information as needed below. Please include full contact information and relationship to husband for any additional trustees or beneficiaries.