

GOOD, BUCY & ELSON, Attorneys at Law
Confidential Estate Planning Questionnaire

You have contacted our office regarding a will or trust. The work we will do for you will be referred to as "estate planning". In order to assist you and properly advise you, please provide the following information:

FAMILY INFORMATION: If additional space is needed, please attach a separate sheet.

DATE OF BIRTH

Name: _____	_____
Spouse/Significant Other: _____	_____
All Children: _____	_____
_____	_____
_____	_____
_____	_____

Last four digits of your social security number: _____

CONTACT INFORMATION:

Address: _____

Home Phone _____ CELL: _____ FAX: _____

Confidential Email: (PLEASE PRINT CLEARLY) _____

In your adult life, what other states have you live in _____

In your estate planning I will encourage you to draft and sign three different documents:

1. **Will or Trust** which states how you want your property distributed upon death;
2. **Durable Power of Attorney**, which allows you to appoint someone to act on your behalf during your life for financial or property matters; and
3. **Advance Directive**, which allows you to appoint someone to act on your behalf during your life for health care decisions.

We will discuss these three documents in detail during your first appointment. These documents will require you to appoint people to act for you. Below are some of the categories of appointment. Please give this some thought and fill in the information below.

PERSONAL REPRESENTATIVE/TRUSTEE: Person who will serve as your agent to the court and others to distribute your estate or to act as trustee of your assets on an ongoing basis. If the trustee is different from the personal representative, please indicate.

1. _____ Address: _____

2. _____ Address: _____

ATTORNEY-IN-FACT: Person who will act to handle your personal financial affairs during life, including any periods of incapacity. Rank by preference. (Indicate if persons are to act as co-A.I.F's)

1. _____ Address: _____

2. _____ Address: _____

HEALTH CARE REPRESENTATIVE: Person who can make health care decisions on your behalf if you are unable to do so.

1. _____ Address: _____

2. _____ Address: _____

NOMINATION OF GUARDIANS: Person or couple whom you would like to have the physical care and custody of any of your minor children.

1. _____ Address: _____

2. _____ Address: _____

SPECIAL REQUESTS FOR BURIAL: _____

DISTRIBUTION OF ESTATE: Please indicate to whom you would like your estate distributed in the event of your death. If you would like specific items to go to certain persons, list those items on a **separate sheet** with your preference. Also list any special gifts to charities or other persons that you would like to make.

1. _____

2. _____

3. _____

VALUE OF ESTATE: If your estate exceeds the amount allowed by law, federal or state tax will be imposed unless you do additional estate planning. Please indicate the approximate present value of your estate, including life insurance death benefits payable to you or your estate: \$ _____

SUMMARY OF ASSETS: Please give **approximate** present values:

Type of Asset	Jointly Owned	Owned by you	Owned by Spouse or significant other
Bank Accounts – Checking/Savings/CDs:			
Stocks and Bonds or Mutual Funds:			
Closely-Held Businesses **::			
Real Estate – Your Home(s):			
Real Estate – Other:			
Personal Property – Jewelry, furniture, etc.:			
Life Insurance ***:			
Pension, Profit Sharing or IRA Benefits:			
Expectancies (Inheritances or Gifts):			
Other Assets (Please itemize separately):			
Liabilities (Loans and Mortgages):			
TOTALS:			

***Indicate value of interest and percent of business owned.*

**** Indicate beneficiary named in policy, if other than spouse or owner.*