

## Estate Planning Questionnaire

The purpose of this Estate Planning Questionnaire is to provide Blatnik Law, LLC with important information to allow them to prepare Wills, Trusts, Powers of Attorney, and other estate planning documents. After you complete this Questionnaire, please call 702-494-7382 to schedule a meeting to discuss and review the Questionnaire.

### I. Personal and Family Information

#### Client Information:

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

*County*

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **U.S. Citizen:**  yes  no

**Have you been married previously?**  yes  no

*(In the case of divorce, please supply a copy of the divorce decree or describe any ongoing obligations)*

**Have you entered into a pre-marital or post-marital agreement?**  yes  no

*(If yes, please provide a copy)*

#### Spouse Information (if applicable):

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

*(if different than above)*

*Street Address*

*City*

*State*

*Zip Code*

*County*

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **U.S. Citizen:**  yes  no

**Have you been married previously?**  yes  no

*(In the case of divorce, please supply a copy of the divorce decree or describe any ongoing obligations)*

**Have you entered into a pre-marital or post-marital agreement?**  yes  no

*(If yes, please provide a copy)*

**Children’s Information (if applicable):**

If you have children, please state each child's name, sex, date of birth, and relationship:

<u>Full Name</u>	<u>Sex (M/F)</u>	<u>Date of Birth</u>	<u>Relationship (biological, adopted, step)</u>

**Do any of your children have disabilities or special needs?**       yes     no

*If yes, please describe:*

**If you have any other dependants to consider in your estate plan, please list their names, addresses and relationship below:**

**II. Estate Planning Objectives**

The answers to the following questions will help us determine which estate planning vehicles will best allow you to achieve your estate planning objectives. If you have current wills, trust agreements, powers of attorney, or other estate planning documents, please bring them with you to your appointment.

**1. At your death, please describe how you want your property to be distributed:**

- a. If your spouse survives you?
  
- b. If you spouse **does not** survive you and your children survive you? (e.g. equal shares to your children?)
  
- c. If a child should predecease you, how do you want the predeceased child’s share distributed? (e.g. to the deceased child’s descendants?)
  
- d. In the event your spouse and all of your children and descendants fail to survive you, how do you want your property distributed?

2. If your spouse survives you, do you want to leave the assets to your spouse outright and trust that they will leave them to your children?  yes  no

3. In regards to distributions to children, many people like to distribute portions of their estate to their children at different times; for example, you might direct your Trustee to distribute a certain percent to your child at age 25, then an additional percent 5 years later and the balance 5 years after that. Alternatively, you may wish to retain your children's shares in trust for life. Consider the amount of assets that might be available, and the ages of your children, to select a time frame that is appropriate for your family. *Please state the ages you want the property in trust distributed outright to your children.*

4. Do you want to make any charitable gifts at your death?  yes  no  
*If yes, please describe:*

5. Do you wish to disinherit any of your children or grandchildren or other relatives?  
 yes  no *If yes, please elaborate:*

6. Do you wish to leave any items of property (such as jewelry or cash) to certain persons?  
 yes  no *If so, please complete table below.*

<u>Item</u>	<u>Identifying Feature</u>	<u>Recipient</u>

7. Is protecting your assets from creditors a concern?  yes  no

8. Do you expect your assets to exceed \$5,000,000?  yes  no

9. Please use the following space to note any questions or ideas that may have occurred to you that don't necessarily fit within any of the items mentioned in this Questionnaire.

### III. Fiduciaries to Manage your Financial Affairs and Estate

Executors, Guardians, Trustees, and Attorney-In-Fact are referred to as "fiduciaries". Generally a fiduciary is an individual or company entrusted with the safekeeping, management, and administration of your affairs.

1. **Executor** – An Executor is responsible for collecting the assets of your estate, carrying out the direction contained in your will, ensuring that your will is properly probated, and filing any tax returns which may be due. You should consider who might best handle these responsibilities, based upon the nature and complexity of your estate and the qualifications of those you would consider. You should name alternates in case your choice is unable to serve at the time of your death. *Most clients appoint their spouse to serve as first choice. Please state your choices.*

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Third Choice:** \_\_\_\_\_

2. **Guardian** (*complete only if you have minor children or anticipate having minor children*) - A guardian assumes responsibility for your minor children in the event that both parents die before your children become adults. You should name one or more successor guardians in case the first is unable to serve. The guardian does not have to be the same person who would manage finances for your children. Please consider who might be best able to raise and care for your children. If you choose a married couple to serve together as guardian, consider your wishes in the event they divorce or if one of them dies. *Please state your choices.*

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Third Choice:** \_\_\_\_\_

3. **Trustee** – The Trustee will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust, and distributing such assets to the beneficiaries according to the directions contained in any trust agreement which you might execute. When choosing a trustee you should consider their ability to invest and

manage finances. You should name an alternative in the event your first choice is unable to serve. *Most clients appoint their spouse to serve as first choice. Please state your choices.*

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Third Choice:** \_\_\_\_\_

4. **Attorney-In-Fact** – Your attorney-in-fact will manage your business and financial affairs during your lifetime (e.g. paying your bills, filing taxes, making investments). The attorney-in-fact operates under either a “Durable Power of Attorney” that takes effect immediately or a “Springing Power of Attorney” that only takes effect if and when you become disabled. When choosing an attorney-in-fact you should consider someone with knowledge of your finances and their ability to manage such. You should name an alternate in the event your first choice is unable to serve. *Most clients appoint their spouse to serve as first choice. Please state your choices.*

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Third Choice:** \_\_\_\_\_

5. **Agent for Advance Medical Directive** – Your agent will be responsible for personal and medical decisions for you if you are incapacitated and cannot do so yourself. You should consider alternates in case your first choice is unable to serve. *Most clients appoint their spouse to serve as first choice. Please state your choices.*

**First Choice:**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
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Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Second Choice:**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_  
*City State Zip Code County*

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Third Choice:**

Full Name: \_\_\_\_\_

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

\_\_\_\_\_  
*City State Zip Code County*

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IV. Assets**

Briefly detail your assets so we can determine the best estate planning methods for you. Do not worry about being exact with the fair market value (approximations are acceptable).

**1. Real Property:**

**Primary Residence:**

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

\_\_\_\_\_  
*City State Zip Code County*

**How is the real estate titled?**     individual name  
   joint with spouse  
   other – please describe

*Please provide copy of the deed so that we can confirm title.*

**Do you have any investment or vacation properties?**     yes     no  
*If yes, please list property addresses and all owners:*

**2. Life Insurance:**

Owner: \_\_\_\_\_ Insured Life: \_\_\_\_\_

Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**3. Investments:** Identify the type of investment and estimate its value.

<u>Type</u> (stocks, bank accounts, partnership accounts, personal property, etc.)	<u>Estimated Value</u>	<u>Ownership</u> (individual, joint, ect.)

**4. Retirement Plans:** Identify the type as well as its estimated value.

<u>Type</u> (IRA, 401(k), pension, etc.)	<u>Estimated Value</u>	<u>Beneficiary</u>

**5. Other:** Please use the following space to describe any material assets that are not described in the previous categories.