

**GIORDANI, SCHURIG, BECKETT & TACKETT, LLP**  
**CONFIDENTIAL ESTATE AND DISABILITY PLANNING QUESTIONNAIRE**  
**(INDIVIDUAL, SINGLE)**

**1. General Information**

**Name:** \_\_\_\_\_  
(as it should appear on your documents)

**Employer:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

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

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Home E-mail:** \_\_\_\_\_

**Work E-mail:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Names of Children:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children's Birth Dates:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Marital History**

**Have you previously married?**  
 Yes     No

**If previously married, please indicate children shown above that were born to this marriage.**

**If yes, did the marriage end because of:**  
 Death; please give date and place  
\_\_\_\_\_  
 Divorce; please give date and place  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If divorced, please return a copy of the divorce decree with this Questionnaire.**

**2. Previous Estate Planning Instruments**

**Do you presently have a will?**  
 Yes     No  
**If so, please return a copy with this Questionnaire.**

**Are you or any of the members of your immediate family beneficiaries of any estates or trusts?**  
 Yes     No

**Have you ever established a trust?**  
 Yes     No  
**If so, please return a copy with this Questionnaire.**

**Are you or any of the members of your immediate family a trustee now (or are you or they likely to be a trustee in the future) of a personal trust?**  
 Yes     No

**4. Fiduciary/Agent Appointments**

**Will**

**Executor<sup>1</sup>:** \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address (City & State): \_\_\_\_\_  
**1<sup>st</sup> Successor Executor:** \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address (City & State): \_\_\_\_\_

**Financial Power of Attorney**

**Agent:** \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address (City & State): \_\_\_\_\_  
**1<sup>st</sup> Alternate Agent:** \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address (City & State): \_\_\_\_\_

<sup>1</sup> An executor is the person (or banking institution) responsible for taking control of your property at your death, winding up your affairs and distributing your estate in accordance with your will.

<sup>2</sup> A trustee is the person (or banking institution) who holds, manages and invests assets for the benefit of your children or other persons for whom such an arrangement is desirable.

**Will (cont.)**

**2<sup>nd</sup> Successor Executor:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**Trustee<sup>2</sup>:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**1<sup>st</sup> Successor Trustee:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**2<sup>nd</sup> Successor Trustee:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**Guardian of Children:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**1<sup>st</sup> Successor Guardian:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
**2<sup>nd</sup> Successor Guardian:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_

Do you want a Living Will (Directive to Physicians)?  
 Yes     No

Do you want funeral directives?  
 Yes     No

**5. Disposition of Property**

A. *In general, describe the way you want your property to pass upon your death. If your children survive you.*

If your children do not survive you.

B. *Special provisions with respect to any specific properties? (Specific cash amounts, heirlooms, jewelry, art objects, auto, etc)*

C. *Age at which trusts for minors should terminate?* \_\_\_\_\_

**Financial Power of Attorney (cont.)**

**2<sup>nd</sup> Alternate Agent:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_

Do you want the Agent appointed under your financial power of attorney to act as guardian of your estate in the event of your incapacity?  
 Yes     No

**Medical Power of Attorney**

**Agent:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
**1<sup>st</sup> Alternate Agent:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
**2<sup>nd</sup> Alternate Agent:** \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_  
 Address (City & State): \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Do you want the Agent appointed under your medical power of attorney to act as guardian of your person in the event of your incapacity?  
 Yes     No

## 6. Financial Data

A. *Assets.* On the attached page, please provide us with a list of all your assets with approximate values – those that will pass under the Will and those that will pass outside of the Will. Include securities, bonds, mutual funds, insurance policies, real estate, autos, boats, planes, livestock, tangibles, IRAs, pension plans, and all other assets. If there is a loan or mortgage against a property, indicate the amount. With respect to employment benefits, indicate the type of plan (i.e., pension, thrift, profit-sharing, government disability, retirement pay, teacher's retirement, stock options, etc.) and the name, address, and phone number of an individual at the entity that administers the plan who can provide additional information, if needed. With respect to insurance policies, please list the issuer, type of policy (term, whole life, variable, universal), face value (death benefit), and cash value, if any.

Please indicate the manner in which bank accounts, deposit certificates, and securities are held or registered. Possibilities include: (1) your name, (2) your name and payable on death to another person, or (3) your name "in trust for" another person. Also indicate the beneficiary designations of life insurance, IRAs, pension benefits, and the like. All of these assets go outside of the Will to the persons named in the "contract" with the bank, broker, insurance company, etc. If not too inconvenient, provide us with copies of the actual "contract" – like a signature card, account agreement, beneficiary designation.

If you expect to inherit any property from a relative, please provide us with a general description, source, and approximate value.

If you are the beneficiary of a trust, are serving as a fiduciary (Trustee), have a life estate, or retain a general or special power of appointment, please provide us with copies of the underlying documents.

If you own an interest in a business or businesses (as a partner, sole proprietor, shareholder, etc.) please provide us with copies of the underlying documents along with general information relating to ownership, nature, and value of the business and any plans or arrangements relating to the disposition of a deceased owner (like a buy-sell agreement).

B. *Gifts.* Have you made gifts that exceed the annual gift tax exclusion (currently \$10,000 per donee per donor each calendar year)? If so, please list those gifts and provide copies of any gift tax returns that were filed.

### C. *Income Amount.*

Annual Salary	\$ _____
Any income in excess of salary (describe sources):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

## **STATEMENT OF ASSETS**

*NOTE:* The simplest way to provide the relevant information may be to include copies of your most recent monthly or quarterly statements regarding the accounts and other assets listed below.