

# Confidential Estate Planning Questionnaire



HYATT **McINTIRE** & ASSOCIATES  
ATTORNEYS AT LAW  
Competent and Compassionate Counsel for What Matters Most

## Instructions:

- Please be careful to spell all names correctly
- If you are unsure of the answer to a question, leave it blank. Add extra pages if you need more space.
- **Please provide us with any existing estate planning documents prior to your appointment.**
- Please bring a copy of the last income tax return you filed.
- **Please complete and return the entire questionnaire to us prior to your appointment.** The more complete the questionnaire is, the more productive and efficient your meeting will be!

## Part One: Personal Information

**Spouse 1 Name:** \_\_\_\_\_

Legal AKA: \_\_\_\_\_

Formerly Known As/Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ US Citizen?  Yes  No Retired?  Yes  No

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal Email: \_\_\_\_\_

Is Your Health:  Good?  Fair?  Poor? Are you a military veteran?  Yes  No

Are you receiving home care or assisted living care?  Yes  No

Were you previously married?  Yes  No (If you had a divorce agreement, please provide)

Occupation (or prior occupation if retired): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Spouse 2 Name (if currently married):** \_\_\_\_\_

Legal AKA: \_\_\_\_\_

Formerly Known As/Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ US Citizen?  Yes  No Retired?  Yes  No

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Personal Email: \_\_\_\_\_

Is Your Health:  Good?  Fair?  Poor? Are you a military veteran?  Yes  No

Are you receiving home care or assisted living care?  Yes  No

Were you previously married?  Yes  No (If you had a divorce agreement, please provide)

Occupation (or prior occupation if retired): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

## Children and Family

Full Name	Sex	DOB	Child Of	# of Kids
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name	Sex	DOB	Child Of	# of Kids
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
Email Address _____ Marital Status _____				
Are you concerned with this child's ability to manage money?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have a revocable trust?				<input type="checkbox"/> Yes <input type="checkbox"/> No

## Children and Family (cont.)

Do you have any deceased children?  Yes  No

(Please include name and date of death) : \_\_\_\_\_

If so, do they have any surviving children and/or grandchildren?  Yes  No

Names: \_\_\_\_\_

Do any of your children have step-children?  Yes  No

If so, which children and how many? \_\_\_\_\_

Age of Grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Age of Great-Grandchildren: Youngest \_\_\_\_\_ Oldest \_\_\_\_\_

Any children, grandchildren, or great-grandchildren that were born out of wedlock?  Yes  No

Do you wish to exclude anyone from receiving a portion of your estate?  Yes  No

If so, who?: \_\_\_\_\_

Did you (or your spouse) have a trust with a previously deceased spouse?  Yes  No

### **What are your goals in creating or upgrading your estate plan? (please check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Avoiding Probate   | <input type="checkbox"/> Avoiding Estate Taxes  |
| <input type="checkbox"/> Making sure I am taken care of if disabled   | <input type="checkbox"/> Preserving my loved ones' public benefits                        |
| <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, creditors, divorce | <input type="checkbox"/> Making sure younger loved ones are provided for in the long-term |
| <input type="checkbox"/> Preserving the family business   | <input type="checkbox"/> Other: _____   |

### **CPA Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Financial Planner Information**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Married Couples**

Date of Marriage: \_\_\_/\_\_\_/\_\_\_

Do you and your spouse consider all of your assets community property?  Yes  No

If no, which assets are considered separate property assets? \_\_\_\_\_

Did you or your spouse receive any valuable gifts or inheritance after marriage?  Yes  No

Did you or your spouse come into your marriage with any substantial assets?  Yes  No

Do you have a pre-marital or post-marital agreement? (If yes, please bring it)  Yes  No

## Instructions:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please list the approximate balance of each account.
- We will need to include all account numbers in your trust. The more information you provide us with now, the less work you will have to do later!
- Please watch for REMINDERS regarding papers we would like you to bring to your appointment.

## Part Two: Financial Information

### Banks, Savings & Loans and Credit Unions

*These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 6.*

Name of Institution	Account Number	Owner	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
6. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
<b>Total Value:</b>				\$ _____

### Mutual Funds and Brokerage Accounts

*These are accounts not in an IRA. Please list IRA and other retirement accounts separately on Page 6.*

Name of Brokerage Firm	Account Number	Owner	Approx. Market Value
7. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
8. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
9. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
10. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
11. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
12. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	\$ _____
<b>Total Value:</b>			\$ _____

### Stocks or Bonds - Not in a Brokerage Account

*These are certificates you actually hold.*

Name of Stock or Company	Owner	Number of Shares	Approx. Market Value
13. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
14. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
15. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	_____	\$ _____
<b>Total Value:</b>			\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

If yes, which ones? (insert # above) \_\_\_\_\_

### Promissory Notes & Deeds of Trust Owed to You

Please include any personal loans you have made, and any instances of someone paying you on a note.

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.")

	Name of Debtor	Secured by TD?	Due Date	Original Amount	Balance Due
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	\$ _____

Do any of your children owe you money?  Yes  No

If yes:	Child's Name	Amount Loaned	Reduce Child's Share By Amount Owed?
1.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Real Estate

Please list all homes, rental properties, other buildings, land, and timeshares in which you have an interest.

REMINDER: please bring both the GRANT DEED and a recent PROPERTY TAX BILL or APN for each property

	Property Address & APN	Original Cost	Current Value	Debt	Net Value
1.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
2.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
3.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
4.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
5.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
6.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	
7.	_____	\$ _____	\$ _____	\$ _____	\$ _____
	APN: _____			Owned by: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	

### Real Property Follow Up Questions

Are you planning on selling any of your real estate soon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which #? _____
Are any properties owned with someone other than your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Are any properties owned by an entity (Corp, LLC, FLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do any of your children (or other relatives) reside on any of your properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do you plan on gifting specific properties during your lifetime or at death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### IRA Accounts & Company Pension or Retirement Plans

These accounts should include qualified annuities.

Custodian of Account (Name of Bank, Broker, Employer)	Type (IRA, 401(k), Pension, etc.)	Owner	Approx. Value
1. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
2. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
3. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
4. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____
5. _____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	\$ _____

### Life Insurance

Insured Person	Policy No.	Company	Cash Value?	Death Benefit
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)?  Yes  No

Do you have parents or other relatives in assisted living?  Yes  No

### Non-Qualified Annuities

These accounts are non-retirement plan accounts

Insurance Company	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2	_____	_____	\$ _____

### Limited or General Partnership Interests

Please provide copies of any written documents (partnership agreements, etc.) related to your business interests.

Name of Partnership	Owner	Interest	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> LP <input type="checkbox"/> GP	_____	\$ _____

### Other Business Interests

Please provide copies of any written documents (buy-sell agreements, etc.) related to your business interests.

Name of Business	Owner	Corporation?	Ownership %	Total Value
1. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
2. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
3. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____
4. _____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____

## Vehicles, Boats, Trailers, Motorhomes

You may also attach your most recent tax depreciation schedule for farming or industrial equipment

Year	Make & Model	License No.	Owner	Value
1. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
2. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
3. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____
4. _____	_____	_____	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> Both \$ _____	_____

## Other Assets

- Are you expecting any **inheritances** within the next five to ten years?  Yes  No  
If yes, from whom? \_\_\_\_\_ Approximately how much? \_\_\_\_\_
- Please list any **unusually valuable personal items** such as art, coins, jewelry, collections. \_\_\_\_\_  
\_\_\_\_\_
- Please list any **digital assets** that are of particular concern. Digital assets include computers, tablets, smartphones, flash drives, software (esp. Quicken, Turbo Tax and other programs with financial information), domain names, virtual currency and exchange accounts, websites and social media accounts (Facebook, LinkedIn, Twitter, Ancestry.com) digital accounts and assets associated with iTunes and Amazon, etc.: \_\_\_\_\_  
\_\_\_\_\_

Who is best suited to manage your digital assets if you are unable to? \_\_\_\_\_

Do you have a list of all passwords and account information for your hardware, software, and digital accounts (bank accounts, email accounts, social network accounts, file sharing, etc.)?  Yes  No

Does a prospective trustee have access to this information?  Yes  No

- Please list any **other assets not mentioned** such as stock options, patents, **oil, gas and mineral** or other royalties, etc. \_\_\_\_\_  
\_\_\_\_\_

## Part Three: Designation of Trustees and Agents

During your appointment we will discuss which persons would act for you if you were unable to act for yourself. If you have an idea of who those persons would be, please add their information below:

**Agent 1.** \_\_\_\_\_  Trustee  Health Care Agent

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Agent for:  S1  S2  Both

**Agent 2.** \_\_\_\_\_  Trustee  Health Care Agent

Address \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Agent for:  S1  S2  Both

**Agent 3.** \_\_\_\_\_  Trustee  Health Care Agent

Address \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Agent for:  S1  S2  Both

– Thank you for completing the Questionnaire –