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ORGANIZER FOR ESTATE PLANNING BY LIVING TRUST

CLIENT 1

CLIENT 2

Name:	_____	_____
Nickname:	_____	_____
Birth Date:	_____	_____
SS #:	_____	_____
Address:	_____	_____
City/State/Zip:	_____	_____
County:	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
E-mail:	_____	_____
# Prior marriage(s):	_____	_____
U.S. Citizen Y/N	_____	_____

Children of this Marriage:

	NAME	SEX (M/F)	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Children of prior Marriage(s):

	NAME	SEX (M/F)	DATE OF BIRTH
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

WILL & TRUST INFORMATION

1. Who would receive your estate upon your death?

	Client 1	Client 2
1 st		
2 nd		
3 rd		

2. Who would be your Executor? (responsible for getting the Will probated if necessary)

	Client 1	Client 2
1 st		
2 nd		
3 rd		

3. Who would be Guardian for your children? (responsible for their physical care until age 18)

	Client 1	Client 2
1 st		
2 nd		

4. Who would be Trustee for your children? (manage the money for them until the age or ages that you think that they would be mature enough to manage their own money)

1 st	
2 nd	

5. At what age could the children have the money outright? (For example, 1/3 at age 23, 1/2 of the remainder at age 30, the balance at age 35)

Age _____

Age _____

Age _____

Age _____

6. Federal Estate and State Inheritance tax planning issue. Does your estate, including home, investments, savings, life insurance and retirement accounts exceed five million dollars? In the case of husband and wife this includes all community property and separate property of both spouses.

	Client 1		Client 2
Yes	_____	Yes	_____
No	_____	No	_____

7. If you could not be Trustee for yourself (i.e. manage your own money) who would you want to serve as Trustee?

	Client 1	Client 2
1 st	_____	_____
2 nd	_____	_____

STATUTORY DURABLE POWER OF ATTORNEY

If you could not handle your own business affairs, who would you want to handle them for you?

	CLIENT 1	CLIENT 2
1st	_____	_____
Address	_____	_____
City/Zip	_____	_____
2nd	_____	_____
Address	_____	_____
City/Zip	_____	_____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

If you could not make health care decisions for yourself, who would you want to make them for you?

	CLIENT 1	CLIENT 2
1st	_____	_____
Address	_____	_____
City/Zip	_____	_____
Phone	_____	_____
2nd	_____	_____
Address	_____	_____
City/Zip	_____	_____
Phone	_____	_____

DIRECTIVE TO PHYSICIANS

Do you want a written directive not to use extraordinary life-sustaining medical care, but only medical care to keep you comfortable if you have a terminal or irreversible medical condition?

	Client 1		Client 2
Yes	_____	Yes	_____
No	_____	No	_____

GUARDIAN FOR ADULT

Do you want to appoint a Guardian for yourself in the event you have long term physical or mental incapacity? If yes, who would you appoint to serve as your guardian? Who, if anyone, would you direct that you did not want to serve as your guardian?

	Client 1		Client 2
Yes	_____	Yes	_____
No	_____	No	_____

DESIGNATE TO SERVE:

	CLIENT 1	CLIENT 2
1 st	_____	_____
2 nd	_____	_____

DESIGNATE NOT TO SERVE:

	CLIENT 1	CLIENT 2
1 st	_____	_____
2 nd	_____	_____