



Legal and Financial Advice

James C. Morris, Jr. PC

ESTATE PLANNING QUESTIONNAIRE

Note: Please print all names and addresses as clearly and legibly as possible, making sure all proper names are the full, correctly spelled legal names

Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_ (Please Print)

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Spouse (if any): \_\_\_\_\_ (Please Print)

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

County City State Zip

Home Phone Work Phone Fax Number

Cell Phone E-mail Address

Preferred method of receiving correspondence/drafts: E-mail Fax USPS

What/Who referred you to us? \_\_\_\_\_

CPA affiliation: \_\_\_\_\_

Bank affiliation: \_\_\_\_\_

Safe deposit box location: \_\_\_\_\_

Client Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**Child #1 (indicate if child not from both clients:\_\_\_\_\_)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children and birthdates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child #2 (indicate if child not from both clients:\_\_\_\_\_)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children and birthdates: \_\_\_\_\_  
\_\_\_\_\_

**Child #3 (indicate if child not from both clients:\_\_\_\_\_)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_

Children and birthdates: \_\_\_\_\_  
\_\_\_\_\_

**[Attach sheet if more than 3 children]**

Deceased children: \_\_\_\_\_

## Questions to Consider in Advance of Conference

1. Do your children, grandchildren, or beneficiaries have any problems or special needs which should be considered or currently receiving state or federal assistance due to a disability?
2. Do you have the responsibility for supporting anyone other than your spouse and children?
3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?
4. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a common disaster, whom would you want to receive your property? Note, our default provision is ½ equally to the heirs of you and your spouse.
5. Have you ever lived in a community property state (E.g., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)?
6. Have you filed a gift tax return?
7. Are any of your children or grandchildren adopted or in the process of being adopted?
8. Indicate any unique family circumstances, problems, and other planning concerns?
9. Your ordinary income tax rate (circle one) 15% 28% 31% 36% 39.6%  
Or indicate your gross family income \_\_\_\_\_
10. Your predicted date of retirement? \_\_\_\_\_ Spouse's? \_\_\_\_\_
11. Your citizenship (if not U.S.): \_\_\_\_\_ Spouse's citizenship (if not U.S.): \_\_\_\_\_
12. Have you ever been divorced? \_\_\_\_\_ Has Spouse ever been divorced? \_\_\_\_\_
13. Your general health? \_\_\_\_\_ The general health of spouse? \_\_\_\_\_
14. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate or are you the beneficiary of any trust? (If so, please describe.)
15. Do you have any assets that require special consideration in your Will? (If so, please describe.)
16. Special instructions regarding body disposition (e.g., burial or cremation)  
You: \_\_\_\_\_ Spouse: \_\_\_\_\_

## Estate Evaluation

*Note: The manner in which your property is legally titled is integral to proper estate planning.*

	<i>KIND OF ASSET</i>	<i>YOU</i>	<i>SPOUSE</i>	<i>JOINT</i>
1.	Residence	\$ _____	\$ _____	\$ _____
2.	Other real property (include location by state)	\$ _____	\$ _____	\$ _____
3.	Listed or traded securities (other than #10 below)	\$ _____	\$ _____	\$ _____
4.	Closely held and untraded securities	\$ _____	\$ _____	\$ _____
5.	Partnership or sole proprietor interests	\$ _____	\$ _____	\$ _____
6.	Cash, savings accounts, CDS, etc.	\$ _____	\$ _____	\$ _____
7.	Cars	\$ _____	\$ _____	\$ _____
8.	Other personal property	\$ _____	\$ _____	\$ _____
9.	Cash value (not face amount) of life insurance (provide detail on next page)	\$ _____	\$ _____	\$ _____
10.	Pension, profit-sharing, IRAs, etc. (provide detail on next page)	\$ _____	\$ _____	\$ _____
11.	Custodial Accounts [in which you are the Custodian]	\$ _____	\$ _____	\$ _____
12.	Other	\$ _____	\$ _____	\$ _____
13.	Other	\$ _____	\$ _____	\$ _____
	TOTAL	\$ _____	\$ _____	\$ _____
	Mortgages	\$ _____	\$ _____	\$ _____
	Other debts	\$ _____	\$ _____	\$ _____
	NET TOTAL	\$ _____	\$ _____	\$ _____

Do you own property jointly with any person other than your spouse? (If so, whom, and is the ownership a joint tenancy with right of survivorship?)

Are you currently handling [or expected to handle] the financial affairs of another?

## Life insurance

**Note:** Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

<i>Insured</i>	<i>Owner of Policy</i>	<i>Company</i>	<i>Face Amount</i>	<i>Primary Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Is this a T (term) WL (whole life) U (universal) or O (other) policy</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## Benefit Plans (pension, profit-sharing, IRAs, deferred compensation, etc.)

<i>Type of Plan</i>	<i>Benefit Provided or Amount</i>	<i>Primary Death Beneficiary (If Any)</i>	<i>Contingent Death Beneficiary (If Any)</i>	<i>Comments</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Other documents and information

Please bring the following to the planning session (we would prefer a copy for our records):

- your present Wills (if any)
- declaration page of life insurance policies and annuities
- property deeds showing ownership
- trust agreements [that you have either signed or are a beneficiary of]
- other documents or contracts affecting your estate [e.g. Divorce Decrees]
- names, ages, addresses, and occupations of your parents, sisters, and brothers.
- prior year's income tax return [for complimentary tax reduction review]

**Additional Will and Fiduciary Information:**

A. **Additional Beneficiaries** (if you would like property to pass to anyone other than your children), or other special instructions:

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

**Note: You should give careful advance consideration to Paragraphs B through D below and attempt to fill them in before your initial meeting:**

B. **Executor/Executrix.** This is the person/entity charged with the responsibility to assemble and transfer your assets after your passing, offer your Will for probate in the Probate Court, file tax returns, etc. This may be served by one or more individuals (including your spouse) and/or a bank or other a corporate fiduciary:

Client:

Spouse:

*Name of Initial Executor:*

*Name of Initial Executor:*

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*(Optional) Name of Co-Executor:*

*(Optional) Name of Co-Executor:*

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Name(s) of Backup Executor(s) if the original is unable or unwilling:*

*Name(s) of Backup Executor(s) if the original is unable or unwilling:*

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

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

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

C. **Trustees.** The Trustees primarily serve an asset management and administration responsibility. Once again, this role may be filled by one or more individuals (including your spouse), and/or a bank or other a corporate fiduciary:

Client:

Name of Initial Trustee: \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Spouse:

Name of Initial Trustee: \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

(Optional) Name of Co-Trustee:  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

(Optional) Name of Co-Trustee:  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name(s) of Backup Trustee(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Name(s) of Backup Trustee(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

D. **Guardians.** The Guardians are the individuals appointed under your Wills to raise your minor children should something happen to both spouses. If two people are named below as initial Guardians, consider whether you want the survivor of them to serve alone if the other dies.

Name(s) of Initial Guardian(s) \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship to You: \_\_\_\_\_

If you have named two Guardians to serve together, do you want the survivor to continue alone prior to the backups named below? \_\_\_\_\_ (yes/no/don't know)

Name(s) of Backup Guardian(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Relationship To You: \_\_\_\_\_

**General Durable Power of Attorney (Financial)**

You may name one or more persons (including your spouse) to make decisions regarding your assets on your behalf. For example, if you are disabled and cannot manage your financial affairs, your Agent under this document would have the authority to do so.

Client:

Spouse:

*Name of Initial Agent:*

*Name of Initial Agent:*

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*(Optional) Name of Co-Agent:*

*(Optional) Name of Co-Agent:*

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*Name(s) of Backup Agent(s):*

*Name(s) of Backup Agent(s):*

\_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Relationship: \_\_\_\_\_



**Durable Power of Attorney for Health Care**

You may name one or more persons (including your spouse) to make health care-related decisions on your behalf, including life-sustaining measures (that is, living will matters).

Client:

Spouse:

*Name of Initial Agent:*

*Name of Initial Agent:*

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

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

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*(Optional) Name of Co-Agent:*

*(Optional) Name of Co-Agent:*

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

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

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Name(s) of Backup Agent(s):*

*Name(s) of Backup Agent(s):*

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

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

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_