

Personal Information

Full Legal Name:

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Birthdate:

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Home Address:

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Street

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City, State, Zip and County

Telephone Numbers:

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Home

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Work

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Mobile

E-mail Address:

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Preferred

Occupation:

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Title

## ESTATE PLANNING QUESTIONNAIRE

### Children / Beneficiaries

List all your children, if any, regardless of whether they will be beneficiaries under your estate plan. Also list any relatives, friends, or charities that you want to be beneficiaries of your estate. For the portion of your estate, list either a fractional amount (preferable), a percentage, or a specific sum of money.

1)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

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2)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

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3)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

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4)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

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5)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

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6)

_____	_____	_____
<b>Full Legal Name</b>	Street, City, State and Zip	Date of Birth
_____	_____	_____
Relationship to You	Disability? Reasonably Possible Future Disability?	Portion of Your Estate

## ESTATE PLANNING QUESTIONNAIRE

### Summary of Assets

Please complete the following Summary of Assets. Alternatively, you may submit a balance sheet prepared by yourself or an advisor.

<u>Assets</u>	<u>Approx. Value</u>
Checking Accounts, Savings Accounts and Certificates of Deposit	\$ _____
Traditional IRA, Roth IRA, 401(k), 403(b), etc.	\$ _____
<u>Non-tax</u> Deferred Investment Accounts	\$ _____
Individual Stocks and Bonds	\$ _____
Life Insurance ( <i>death benefit values</i> )	\$ _____
Life Insurance ( <i>cash values</i> )	\$ _____
Real Estate Equity	\$ _____
Annuities	\$ _____
Stock Options ( <i>current values</i> )	\$ _____
Closely Held Business Interests	\$ _____
Cars, Boats, Planes, etc.	\$ _____
Valuable Tangible Personal Property	\$ _____
Other: _____	\$ _____
<b>TOTALS:</b>	\$ _____

### Estate Plan Design Information

This section addresses the information we need to design your custom estate plan. The persons you name in the following sections will act for you if you become disabled and upon your death. All individual persons named should have a history of responsible behavior.

### Guardian for Minor Child(ren)

If you have a child or children under the age of 18, list in order of preference whom you wish to be guardian of your minor child(ren). The guardians are named in your Will.

<b>First Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Second Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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### Executor

The Executor is the person or trust company that is responsible for filing your Will with the probate court and administering your probate estate, if any.

<b>First Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Second Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Third Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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**ESTATE PLANNING QUESTIONNAIRE**

**Trustee**

If you set up a Living Trust or a Trust established under your Will, the Trustee is the person or trust company that is responsible for managing your assets upon your disability and/or death.

<b>First Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Second Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Third Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

**Power of Attorney for Property / Finances Agent**

The agent for your Power of Attorney for Property is the person who manages your financial affairs if you become disabled. If you have a Trustee, the order here should match the Trustee order.

<b>First Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Second Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

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<b>Third Choice:</b>	_____	_____
	Full Legal Name	Current Address
	_____	_____
	Relationship to You	Current Mobile Phone

## Power of Attorney for Health Care Agent

The agent for your Power of Attorney for Health Care is the person who makes health care decisions for you if you are not able to communicate decisions yourself.

**First  
Choice:**

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Current Mobile Phone

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**Second  
Choice:**

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Current Mobile Phone

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**Third  
Choice:**

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Relationship to You

\_\_\_\_\_  
Current Mobile Phone

## Living Will

If you become terminally ill and such illness is irreversible and your death is imminent, do you want your doctors to refrain from using heroic measures (i.e., heart-lung machine, feeding tube, etc.) to keep you alive if such measures would only delay the moment of your death? (If you answer "yes," you are indicating that you want a Living Will. If you answer "no," you are indicating that you do not want a Living Will.)

**Yes**

**No**

ESTATE PLANNING QUESTIONNAIRE

Questions

If you have children or other beneficiaries whom you do not want to receive their entire inheritance until they have reached certain ages, please indicate when they should receive distributions (*e.g., one-third at age 25, one-half of the balance at age 30, and the balance at age 35, etc.*).

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Do any of your beneficiaries have a disability? If yes, please indicate which beneficiary(ies) is/are disabled, and briefly describe the disability(ies). If you believe that a beneficiary is likely to develop a *future* disability, please describe.

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Do you have any financial obligations because of a prior divorce or separation? If so, please describe. Please also provide us a copy of any divorce decree or settlement agreement.

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Do you have Umbrella Liability Insurance? If yes, please indicate the \$ level of your coverage.

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Do you have Long-term Care Insurance that covers long-term nursing care?

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Do you expect to receive an inheritance? If yes, from whom, and approximately how much?

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Is there anything else that you would like us to know about your estate planning?

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**Acknowledgement**

The information I have provided herein is accurate to the best of my knowledge. **PSS LAW** may rely on the information herein in preparing my custom estate plan.

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**Printed Name**

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**Signature**

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**Date**