

# *Estate Planning Questionnaire*

Husband's Name:

Wife's Name:

Home Address:

Home Phone Number:

Wife's Cell Phone Number:

Husband's Cell Phone Number:

Children (list complete names and dates of birth):

Grandchildren (list complete names and dates of birth):

Real Property (address) and how titled:

Personal property (vehicles, etc.) and how titled:

## **WILL QUESTIONS**

Any specific burial requests? Cremation?

Do you have plots reserved? If so, list location

If you and your spouse pass away, what do you want to happen to your house?

If you and your spouse pass away, are there any specific pieces of personal property that you wish to leave to a specific person?

For Husband's Will:

For Wife's Will:

How do you want your estate divided? If you and your spouse pass away together, who should your property go to?

Do you want any money which passes to your children or grandchildren to be held in trust? If so, for what purposes would you want the money from the trust to be distributed?

At what age do you want the children to have access to the trust outright?

Who do you want to act as the Trustee (the keeper of the trust fund)?

Name:  
Address:  
Phone #:

Alternate?

Name:  
Address:  
Phone #:

If you have minor children, who do you want to act as their Guardian?

Name:  
Address:  
Phone #:

Alternate?

Name:  
Address:  
Phone #:

Who do you wish to act as your Personal Representative (or executor of the estate)?

Husband:      Name:  
                    Address:  
                    Phone #:

Wife:            Name:  
                    Address:  
                    Phone #:

Alternate?

Husband:      Name:  
                    Address:  
                    Phone #:

Wife:            Name:  
                    Address:  
                    Phone #:

Do you want your will kept at the county Register of Wills for safe keeping (\$5 charge per person)?      Social Security Numbers for filing: Husband:

Wife:

## Advanced Medical Directive

*An advanced medical directive is a legal document in which you are authorizing another individual to act as decision maker for situations where the client is unable to consent to treatment due to incompetency, disability or unconsciousness. This document is broken down into two parts. Part A has to do with simply consenting to treatment when a client is expected to survive. Part B has to do with end of life decision making processes when there's no expectation of survival, such as whether you want life support, nutrition or pain medicine that may shorten your expected date of death.*

### QUESTIONS

If you are 1) at the end stage of a terminal illness, 2) suffer a catastrophic injury from which death is imminent and inevitable, or 3) are in a constant vegetative state (no conscious brain function) with no hope of recovery, do you wish to be kept on artificial life support (respirator, etc.)?

In that situation, would you want to be given a feeding tube?

Do you want pain medication, even if giving you the medication might shorten your life?

If you are unable to make medical decisions for yourself, who do you want to be able to consent to treatment for you (name, address, phone number)?

Husband:    Name:  
                  Address:  
                  Phone #:

Wife:         Name:  
                  Address:  
                  Phone #:

Alternate (name, address, phone number)?

Husband:    Name:  
                  Address:  
                  Phone #:

Wife:         Name:  
                  Address:  
                  Phone #:

Are there any limitations on this decision making power?

Do you have different desires if you are pregnant?

Do you wish to be an organ donor?

Do you have any limits on your organ donation wishes?

## FINANCIAL POWER OF ATTORNEY

*A financial power of attorney is a legal document in which you are authorizing another individual to make financial and legal decisions on your behalf. Anything from opening/closing accounts, buying/selling property, filing lawsuits, withdrawing funds, etc. This document usually is used when a person is later deemed incompetent or disabled, but may also be used while the client is alive and well. You should be very careful with who you select to act as your power of attorney because of the potential for financial abuse.*

### FINANCIAL POWER OF ATTORNEY QUESTIONS

Do you wish to give your spouse power of attorney to make financial and legal decisions for you if you are unable to do so?      If no, please list someone else.

Husband:    Name:  
                  Address:  
                  Phone #:

Wife:         Name:  
                  Address:  
                  Phone #:

Alternate (name, address, phone number)?

Husband:    Name:  
                  Address:  
                  Phone #:

Wife:         Name:  
                  Address:  
                  Phone #:

Do you have any specific limitations you wish to impose on this Power of Attorney?

When do you want this Power of Attorney to go into effect?

\_\_\_\_\_      Immediately.

\_\_\_\_\_      When my attending physician and a second physician determine I am incapable of making an informed decision regarding my financial matters.