J. Brett Miller, Esq.

ESTATE PLANNING QUESTIONAIRE

GENERAL INFORMATION

Marital Status: ☐ Married ☐ Unmarried, or with _____ long-term partner (domestic partner)

Are you Registered Domestic Partners? ☐ Yes ☐ No ☐ Don't Know

Client Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: ☐ Male ☐ Female SS#: _____ DOB: _____

U.S. Citizen? ☐ Yes ☐ No If No, specify citizenship: _____

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No **Disabled?** ☐ Yes ☐ No **Veteran?** ☐ Yes ☐ No

Spouse/Partner Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: ☐ Male ☐ Female SS#: _____ DOB: _____

U.S. Citizen? ☐ Yes ☐ No If No, specify citizenship: _____

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No **Disabled?** ☐ Yes ☐ No **Veteran?** ☐ Yes ☐ No

Contact Information

	Client	**Spouse/Partner**
Address		
City		
State		
Zip		
Home Phone		
Home Fax		

Personal Email		
Cell Phone		
Business Phone		
Business Fax		
Business Email		

Referral Information

By whom were you referred to this office?

Name	**Address**	**City**	**State**	**Zip**

CHILDREN (if applicable)

	Name	**Living**	**Gender**	**Date of Birth**	**Child of Both**	**Child of Client only**	**Child of Spouse only**
Child 1		☐			☐	☐	☐
Child 2		☐			☐	☐	☐
Child 3		☐			☐	☐	☐
Child 4		☐			☐	☐	☐
Child 5		☐			☐	☐	☐
Child 6		☐			☐	☐	☐

	Address (if not living with client and spouse/partner)	**Legally Blind**	**Disabled**	**Receives SSI**	**Completed Education**
Child 1		☐	☐	☐	☐
Child 2		☐	☐	☐	☐
Child 3		☐	☐	☐	☐
Child 4		☐	☐	☐	☐
Child 5		☐	☐	☐	☐
Child 6		☐	☐	☐	☐

Guardian(s) for minor or disabled children (if applicable):

Initial Guardians/Conservators

Name	Address	Phone

Successor Guardians/Conservators

Name	Address	Phone

CLIENT'S DISPOSITIVE PROVISIONS

Cash Gifts (cash and cash-equivalent gifts)

Name of Recipient	Relationship	Amount

Gifts of Real Estate

Name of Recipient	Relationship	Description of property

Gift of Tangible Property (autos/jewelry/art/etc.)

Name of Recipient	Relationship	Description of property

Gift of Intangibles (stock/bonds/annuities/etc.)

Name of Recipient	Relationship	Description of property

SPOUSE'S DISPOSITIVE PROVISIONS

Cash Gifts (cash and cash-equivalent gifts)

Name of Recipient	Relationship	Amount

Gifts of Real Estate

Name of Recipient	Relationship	Description of property

Gift of Tangible Property (autos/jewelry/art/etc.)

Name of Recipient	Relationship	Description of property

Gift of Intangibles (stock/bonds/annuities/etc.)

Name of Recipient	Relationship	Description of property

CLIENT'S RESIDUAL GIFTS (after specific gifts, above)

Spouse/Partner

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?

☐ Yes ☐ No If yes, prefer gift to Spouse/Partner to be given: ☐ Outright ☐ In a Trust

Children/Descendants

Prefer gift to children (if any) to be given: ☐ Outright ☐ In a Trust

Do you wish to treat children equally? ☐ Yes ☐ No

Prefer gift to grandchildren (if any) to be given: ☐ Outright ☐ In a Trust

Do you wish to treat grandchildren equally? ☐ Yes ☐ No

Other Beneficiaries

Specify gift to other beneficiary(ies):

SPOUSE'S RESIDUAL GIFTS (after specific gifts, above)

Spouse/Partner

Want to provide primarily for your Spouse/Partner (and then secondarily for children/descendants, if any)?

☐ Yes ☐ No

If yes, prefer gift to Spouse/Partner to be given: ☐ Outright ☐ In a Trust

If in Trust, beneficiary to withdrawal in stages? ☐ Yes ☐ No

Children/Descendants

Prefer gift to children (if any) to be given: ☐ Outright ☐ In a Trust

If in Trust, beneficiary to withdrawal in stages? ☐ Yes ☐ No

Do you wish to treat children equally? ☐ Yes ☐ No

Prefer gift to grandchildren (if any) to be given: ☐ Outright ☐ In a Trust

If in Trust, beneficiary to withdrawal in stages? ☐ Yes ☐ No

Do you wish to treat grandchildren equally? ☐ Yes ☐ No

Other Beneficiaries

Specify gift to other beneficiary(ies):

EXECUTORS (for Wills)

CLIENT'S EXECUTORS

Initial Executors Under Client's Will (will serve concurrently)

Name
Check if Spouse/Partner is first choice ☐

Successor Executors Under Client's Will (serve at death/disability of Initial Executors

Name

SPOUSE/PARTNER'S EXECUTORS

Name
Check if Spouse/Partner is first choice ☐

Successor Executors Under Client's Will (serve at death/disability of Initial Executors

Name

TRUSTEES (if applicable)

NAME OF TRUST:_____

CLIENT'S TRUSTEES

Initial Trustees for Client (applicable if trusts being considered)

Name

Successor Trustees for Client (applicable if trusts being considered)

Name

Initial Trust Protector for Client (may be applicable if trusts being considered)

Name

Successor Trust Protectors for Client (may be applicable if trusts being considered)

Name

SPOUSE/PARTNER'S TRUSTEES

Initial Trustees for Spouse/Partner (applicable if trusts being considered)

Name

Successor Trustees for Spouse/Partner (applicable if trusts being considered)

Name

Initial Trust Protector for Spouse/Partner (may be applicable if trusts being considered)

Name

Successor Trust Protectors for Spouse/Partner (may be applicable if trusts being considered)

Name

CLIENT'S HEALTH CARE DIRECTIVES

Do you have a current Living Will? ☐ Yes ☐ No If yes, date: _____

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)?
☐ Yes ☐ No. If yes, date: _____

Do you have a HIPAA Authorization?
☐ Yes ☐ No. If yes, date: _____

IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent? ☐ Yes ☐ No

Do you wish to become an organ donor? ☐ Yes ☐ No

Do you want to be buried or cremated? ☐ Yes ☐ No

Primary Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Name of Primary Care Physician

Name	Address	City	State	Zip	Phone

SPOUSE/PARTNER'S HEALTH CARE DIRECTIVES

Do you have a current Living Will? ☐ Yes ☐ No If yes, date: _____

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)?
☐ Yes ☐ No If yes, date: _____

Do you have a HIPAA Authorization?
☐ Yes ☐ No If yes, date: _____

IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing a Living Will or Health Care Directive, do you want to provide for continued nutrition/hydration (food/water) if your death was imminent? ☐ Yes ☐ No

Do you wish to become an organ donor? ☐ Yes ☐ No

Do you want to be buried or cremated? ☐ Yes ☐ No

Primary Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Name of Primary Care Physician

Name	Address	City	State	Zip	Phone

CLIENT'S FINANCIAL DURABLE POWER OF ATTORNEY

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

SPOUSE'S FINANCIAL DURABLE POWER OF ATTORNEY

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

ASSETS AND LIABILITIES

Personal Net Worth (combined): $

Client Annual Income: $

Spouse Annual Income: $

Client has interest in qualified pension plan(s)? ☐ Yes ☐ No

Spouse/Partner has interest in qualified pension plan(s)? ☐ Yes ☐ No

Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.

FINANCIAL SUMMARY

		ASSETS		LIABILITIES	
	Description	**Client**	**Spouse/Partner**	**Joint**	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					
	Primary				
	Secondary				
	Other				
Personal Property					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
Intangibles					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
Retirement Benefits					
	IRAs				
	401K				
	Keough Plan				
	SEP				
	Other				
Life Insurance					
	Cash Value of all policies				

OTHER PLANNING ISSUES

	Client	Spouse/Partner
Want to benefit Charity?		
Ownership in farm or ranch?		
Ownership in Closely held business?		
Ownership in Closely held business?		
Own stock is SubChapter S corporation?		
Ownership in a Medical, Dental or Veterinarian Practice?		
Own a valuable collection? (e.g., art, stamp collections)		
Owns interest in gas/oil?		
Own a Primary Residence?		
Own a Secondary Residence?		
Own other significant interests in real estate?		

MISCELLANEOUS

Do you have a safe-deposit box? ☐ Yes ☐ No

Location of safe-deposit box: _____

Location of important papers: _____

Has Client made gifts to any one person exceeding the gift tax annual exclusion (currently $15,000*) in any one calendar year? ☐ Yes ☐ No

Has Spouse/Partner made gifts to any one person exceeding the gift tax annual exclusion (currently $15,000*) in any one calendar year? ☐ Yes ☐ No

Has Client ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: _____

Has Spouse/Partner ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: _____

Do you have any other legal issues of which I should be aware? ☐ Yes ☐ No

If Yes, please describe:

*The gift tax annual exclusion was $10,000 for gifts made in 2001 or earlier, $11,000 for gifts made in 2002-2005, $12,000 for gifts made in 2006-2008, $13,000 for gifts made in 2009-2012, and $14,000 for gifts made in 2013-2017 and $15,000 for gifts made after January 1, 2018.

*** Any special requests for your funeral or celebration of life?