

ESTATE PLANNING QUESTIONNAIRE



This Estate Planning Questionnaire* has been designed to help you organize your personal and financial information, to help us effectively assess your goals and situation, and to allow us to recommend an estate plan that will work for you and your family.

We recognize that this questionnaire asks personal and sensitive information from you. You may provide as much or as little information as you want. Keep in mind, however, that the answers to these questions may have an important impact on how you dispose of your property. The more complete the information is, the better we will be able to provide the best possible estate planning options for you.

We will keep your information in the strictest confidence and we will not release it without your consent.

Please take the time to complete this questionnaire carefully. It will be of great assistance to us and to you.

This questionnaire appears to be designed for a couple (married or unmarried), but it may be completed by an individual, as well, in which case some questions may not apply.

*The receipt of this Estate Planning Questionnaire is not intended to create an attorney-client relationship between you and Devine, Millimet & Branch, Professional Association. An attorney-client relationship is not established until we receive the necessary information and confirm such relationship in writing. Please contact any attorney at Devine, Millimet & Branch, Professional Association to provide the information necessary to establish an attorney-client relationship.

Our Trust & Estate Practice Group

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DATE: _____

I. PERSONAL INFORMATION

	SPOUSE/PARTNER 1	SPOUSE/PARTNER 2
Full name		
Other names/ Nicknames		
Home address		
Best email address		
Telephone number	Cell: _____ Work: _____ Home: _____	Cell: _____ Work: _____ Home: _____
Date of Birth		
*Social Security #		
Occupation		
Date of Marriage (if married)		
Place of Marriage (if married)		
Pre or Post Marital Agreement? (if yes, please bring to your initial meeting)		
Previously married? (if yes, please bring to your initial meeting the divorce decree or death certificate, as applicable)	_____ Name of former spouse _____ Date & place of marriage _____ Manner of termination: (Divorce, Legal separation, Annulment, Death) _____ Date: _____ _____	_____ Name of former spouse _____ Date & place of marriage _____ Manner of termination: (Divorce, Legal separation, Annulment, Death) _____ Date: _____ _____
Citizenship		
List any Special Needs or Health Concerns		

* Should you choose to email us this questionnaire, please note that our email server is not secure, and you should use caution when sending sensitive information such as social security numbers.

II. FAMILY INFORMATION

A. Living Children (to add additional information, use pages 11 and 12)

CHILD 1:

Full name _____ Nickname _____ Date of Birth: _____
Home address _____
Sex: _____ Relationship: _____ Of Which Spouse/Partner: _____
(Birthchild, Adopted) (Both, Spouse/Partner 1, or Spouse/Partner 2)

Does the child have any special needs?

(e.g., health issues, disabilities, concerns about marriages, concerns about ability to manage assets, etc.) _____

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Name and dates of birth of child's children (your grandchildren)

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

CHILD 2:

Full name _____ Nickname _____ Date of Birth: _____
Home address _____
Sex: _____ Relationship: _____ Of Which Spouse/Partner: _____
(Birthchild, Adopted) (Both, Spouse/Partner 1, or Spouse/Partner 2)

Does the child have any special needs?

(e.g., health issues, disabilities, concerns about marriages, concerns about ability to manage assets, etc.) _____

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Name and dates of birth of child's children (your grandchildren)

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

CHILD 3:

Full name _____ Nickname _____ Date of Birth: _____
Home address _____
Sex: _____ Relationship: _____ Of Which Spouse/Partner: _____
(Birthchild, Adopted) (Both, Spouse/Partner 1, or Spouse/Partner 2)

Does the child have any special needs?
(e.g., health issues, disabilities, concerns about marriages, concerns about ability to manage assets, etc.) _____

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Name and dates of birth of child’s children (your grandchildren)

Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____

CHILD 4:

Full name _____ Nickname _____ Date of Birth: _____
Home address _____
Sex: _____ Relationship: _____ Of Which Spouse/Partner: _____
(Birthchild, Adopted) (Both, Spouse/Partner 1, or Spouse/Partner 2)

Does the child have any special needs?
(e.g., health issues, disabilities, concerns about marriages, concerns about ability to manage assets, etc.) _____

If yes, please briefly explain: _____

Marital Status: _____ If married, full name of spouse: _____

Name and dates of birth of child’s children (your grandchildren)

Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____

B. Deceased Children (to add additional information, use pages 11 and 12)

Name: _____ DOB: _____ Death Date: _____

Name and dates of birth of child’s children (your grandchildren)

Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____
Name: _____ DOB: _____ Relationship: _____

C. Parents (if living)

SPOUSE/PARTNER 1:

Mother's full name: _____ Address: _____

Father's full name: _____ Address: _____

SPOUSE/PARTNER 2:

Mother's full name: _____ Address: _____

Father's full name: _____ Address: _____

D. Siblings (to add additional information, use pages 11 and 12)

SPOUSE/PARTNER 1:

Sibling 1 full name: _____ Address: _____

Sibling 2 full name: _____ Address: _____

Sibling 3 full name: _____ Address: _____

Sibling 4 full name: _____ Address: _____

SPOUSE/PARTNER 2:

Sibling 1 full name: _____ Address: _____

Sibling 2 full name: _____ Address: _____

Sibling 3 full name: _____ Address: _____

Sibling 4 full name: _____ Address: _____

III. CURRENT DOCUMENTS

Check the box for each of the following documents that you already have in place, and indicate whether a copy or the original of that document is on file with Devine Millimet (and if not, please provide a copy of the document)

	Spouse/ Partner 1	With Devine Millimet	Spouse/ Partner 2	With Devine Millimet
Will				
Trusts				
Durable General Power of Attorney (Financial Power of Attorney)				
Health Care Power of Attorney/Health Care Proxy				
Nomination of Guardian				
HIPAA Authorization				

IV. FINANCIAL INFORMATION

A. Current income

	Salary (annual)	Investment income	Other
Spouse/ Partner 1			
Spouse/ Partner 2			

B. Real Estate

Name of Owner(s) as shown on Deed	Location/Address	Mortgage balance	Fair Market Value

C. Cash and Bank Accounts

Name(s) on Account	Bank	Type of Account (Checking, Savings, CD, etc.)	Average Balance in Account

D. Retirement/Deferred Income

i. Employer sponsored profit sharing (401(k), 403(b)), pension (including military pension), Keogh, other type of retirement plan

Owner	Type of account	Beneficiaries	Account value

ii. IRA accounts

Owner	Type of Account (eg. Traditional, Roth)	Institution/Custodian	Beneficiaries	Amount

E. Securities (non-retirement)

Name of Owner(s) (As shown on Stock Certificate, bond, account or other document)	Location (name of bank, broker or other institution)	Present Value

Do you have any stock options in any publicly-traded companies? _____ (If yes, please provide copies of relevant documents.)

F. Personal Property

(example: vehicles, furniture, jewelry, etc. Please combine in groupings. Please also note any especially valuable collections such as antique, stamp, jewelry, art work, etc.)

Owner(s)	Item (car, furniture, jewelry, etc.)	Value

G. Life Insurance

Name of owner	Name of insured	Company	Beneficiaries	Death Benefit	Type (eg. Term, Whole Life)

H. Business Interests

Do you have any ownership interest in any closely held business: _____
(corporation, partnership, limited liability company, sole proprietorship)

Corporate Counsel _____

Legal Name of Entity	Owner(s)	Type of Entity (LLC, S Corp, C Corp, etc.)	Percentage owned	Value

Do you own any stock options? _____ (If yes, please provide copies.)

Are there any stockholder, partnership, operating, buy-sell or other types of agreements which affect your rights in the business or your power to dispose of them? _____ (If yes, please provide copies.)

I. Inheritances

- i. Are you aware that you will be receiving any inheritances? For example, are you the beneficiary of any trust; or do you expect to inherit from someone else? _____
Source of inheritance _____
Projected amount _____

J. Money Owed To You

- i. Does any person or entity owe you money? _____
Person/Entity _____
Amount due _____ Date obligation arose _____

**Please provide a copy of any promissory note or other writing evidencing the obligation if one exists*

K. Miscellaneous assets: any assets not covered by the above

Asset	Type of asset	Owner	Value

L. Liabilities

	Spouse 1/Partner 1 individual debt	Spouse 2/Partner 2 individual debt	Joint debt
Personal Residence Mortgage			
Equity Line of Credit			
Other mortgages			
Personal Loans			
Credit Card Debt			
Other			

M. Foreign assets

i. Do you have any assets located outside of the United States? _____

If yes, please explain (Where? When?) _____

N. Did you live in a community property state at any time during your marriage? _____

(AZ, CA, ID, LA, NV, NM, TX, WA, and WI)

If yes, please explain (Where? When?) _____

O. Financial Advisors:

INSURANCE AGENTS:

Name _____

Address _____

Phone: _____ Email: _____

TAX PREPARER

Name _____
Address _____
Phone: _____ Email: _____

ACCOUNTANT

Name _____
Address _____
Phone: _____ Email: _____

INVESTMENT ADVISOR

Name _____
Address _____
Phone: _____ Email: _____

FINANCIAL PLANNER

Name _____
Address _____
Phone: _____ Email: _____

OTHER ADVISORS

Name _____
Address _____
Phone: _____ Email: _____

Name _____
Address _____
Phone: _____ Email: _____

Please bring copies of the following documents to your initial meeting:

1. **DEED** to each piece of real property that you own or in which you hold an interest (example: residence, rental properties, undeveloped land or timeshares)
2. **RECENT BANK AND INVESTMENT ACCOUNT STATEMENTS**
3. **401(k) STATEMENTS**
4. **STOCK CERTIFICATES AND BONDS**
5. **LIFE INSURANCE ANNUAL POLICY STATEMENT AND IN FORCE ILLUSTRATIONS**
6. **ARTICLES and BY-LAWS, OPERATING AGREEMENT, SHAREHOLDER AGREEMENT and/or PARTNERSHIP AGREEMENT:** for any closely held business
7. **TRUST INSTRUMENTS:** under which you are a beneficiary, contingent beneficiary or have any power of appointment
8. **PROMISSORY NOTES:** evidencing money owed to you

V. THINGS TO THINK ABOUT

A. Fiduciaries:

In preparation for our meeting, please think about who you might want to fill the following roles:

Executor/Personal Representative: This is the person who will manage your estate (for example: collect assets, pay debts and taxes, and distribute property under the terms of your Will).

Trustee: This is the person who will administer your trust when you are not able (for example: manage Trust assets, make distributions under the terms of the Trust).

Guardian of Minor Children: This is the person you trust to care for your minor children if something should happen to you while they are still young.

Durable General Power of Attorney: This document allows you to name a person who will manage your assets if you become incapacitated (for example: sign your tax returns, open or close bank accounts and pay bills).

Durable Power of Attorney for Health Care: This document allows you to name a person who has authority to make medical decisions for you if you become incapacitated.

B. Distribution of Assets at Death

In preparation for our meeting, please explain in your own words how you would like your property distributed on your death and/or the death of your spouse:

C. Funeral Arrangements

Have you thought about or formalized any funeral arrangements?

If yes, please explain _____

VI. MISCELLANEOUS

A. Gift Taxes

Have you ever filed a gift tax return: Spouse/Partner 1 _____ Spouse/Partner 2 _____
(If yes, please bring copies to your initial meeting.)

B. Safe Deposit Boxes

If you have a safe deposit box, please list the bank, location and any assets which you may own contained in such box, if not listed elsewhere. Is this where your valuable papers and records are kept? If not, where?

C. Questions

Do you have any specific questions?

SUPPLEMENTAL INFORMATION:

Please use these two pages for any additional information

SUPPLEMENTAL INFORMATION (continued)