

Estate Planning Questionnaire
Boyer & Boyer, P.A.

Date: _____

SECTION I: PERSONAL INFORMATION

1. HUSBAND INFORMATION	
Full Name:	Date of Birth:
Other Names Known by:	Social Security No.:
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Occupation:	
Phone:	
Mobile Phone:	Fax No.:
Email Address:	I wish to receive the Firm's Legal Update E-Newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No

2. WIFE INFORMATION	
Full Name:	Date of Birth:
Other Names Known by:	Social Security No.:
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Occupation:	
Phone:	
Mobile Phone:	Fax No.:
Email Address:	I wish to receive the Firm's Legal Update E-Newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No

3. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		
Is either person in a Care Facility or Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where:		

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither If Yes, please provide a copy
2.	Do you have an existing Trust? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither If Yes, please provide a copy
3.	Date and place of current marriage: Date: Place:
4.	Do you currently have a prenuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy.
5.	Have you previously been married? Husband: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> No Wife: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> No If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
6.	Please indicate your state of domicile _____ and the date established _____. If you spend more than a nominal amount of time in another state or country, please identify.
7.	Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list amounts by years below or on the reverse side: Year ____ Amount: \$ _____ <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both Year ____ Amount: \$ _____ <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both Year ____ Amount: \$ _____ <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
8.	Are you meeting with us for Medicaid/Long Term Care Planning? If so, please list gifts (other than nominal birthday or holiday gifts) within the last 60 months (5 years): Year ____ Amount: \$ _____ Type of Asset _____ Year ____ Amount: \$ _____ Type of Asset _____ Year ____ Amount: \$ _____ Type of Asset _____
9.	Are you receiving or will you receive an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom will the payments be made? _____ How long will payments be made? <input type="checkbox"/> Life <input type="checkbox"/> Fixed Term <input type="checkbox"/> Joint Lives If Fixed Term, for how long? _____ Amount of each payment? \$ _____
10.	Have either of you ever filed a gift tax return (IRS Form 709)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide a copy of the last one filed with the IRS)

11.	Have either of you ever filed a corporate or partnership tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide a copy of the last one filed with the IRS)	
12.	Do either of you have any interest under a Will or Trust of another person, including a power of appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please supply a copy of the document if available.	
13.	Are either of you a Trustee of any Trust? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither	
14.	Have you received, or do you expect to receive, any inheritances? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither	
15.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Do you have relatives dependent upon you for support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give names and relationships:	
17.	Please list any specific items that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet <input type="checkbox"/>)	
	Name: Address:	Item or Amount: Relation:
	Name: Address:	Item or Amount: Relation:
	Name: Address:	Item or Amount: Relation:
18.	All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No: If No, or if Spouse is deceased, to: <input type="checkbox"/> Only Living children <input type="checkbox"/> Children and grandchildren (if child is deceased) <input type="checkbox"/> Other (specify):	
19.	Are either of you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please supply a copy of any pertinent documents.	
20.	Do either of you hold stock in a closely-held corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.	
21.	Do either of you have any medical issues we should be aware of for planning purposes? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither	
22.	Do either of you anticipate the need for Long Term Care Facility Placement in the near future? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither If so, when?	

23.	Do you have long term care insurance? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither Do you have disability insurance? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Please check any of the following states in which you have lived or acquired property together (if applicable): <input type="checkbox"/> Arizona <input type="checkbox"/> Idaho <input type="checkbox"/> Nevada <input type="checkbox"/> Texas <input type="checkbox"/> Wisconsin <input type="checkbox"/> California <input type="checkbox"/> Louisiana <input type="checkbox"/> New Mexico <input type="checkbox"/> Washington <input type="checkbox"/> None
25.	Do either of you own any property in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which country?
26.	Do you own any real estate in joint names acquired before 1977? <input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Who will serve as <u>personal representative/executor</u> for you? Each Spouse for the other? <input type="checkbox"/> Yes <input type="checkbox"/> No As Co-Personal Representative <input type="checkbox"/> If No, or to name co-fiduciaries, use space below. Name: _____ Relation: _____ City/State: _____ Alternate (if above person(s) unable to serve): _____ City/State: _____ Relation: _____
28.	Who will serve as <u>Trustee</u> for you if it's decided that a trust is necessary? Each Spouse for the other? <input type="checkbox"/> Yes <input type="checkbox"/> No As Co-Trustee <input type="checkbox"/> If No, or to name co-fiduciaries, use space below. Name: _____ Relation: _____ City/State: _____ Alternate (if above person(s) unable to serve): _____ City/State: _____ Relation: _____
29.	Who will serve as <u>guardian</u> of your minor children (if applicable)? Name: _____ Relation: _____ City/State: _____ Alternate (if above person(s) unable to serve): _____ City/State: _____ Relation: _____
30.	Who will serve as <u>attorney-in-fact</u> under a durable power of attorney (if desired)? Each Spouse for the other? <input type="checkbox"/> Yes <input type="checkbox"/> No; If No, or to name another, use space below Name: _____ Relation: _____ City/State: _____ Alternate (if above person(s) unable to serve): _____ City/State: _____ Relation: _____

31.	<p>Who will serve as <u>health care surrogate/agent</u> (person to make medical decisions)?</p> <p>Each Spouse for the other? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, or to name an alternate if Spouse is unable to serve, use space below</p> <p>Name: _____ Relation: _____</p> <p>Address: _____ Phone: _____</p> <p>Alternate (if above person(s) unable to serve): _____</p> <p>Address: _____</p> <p>Relation: _____ Phone: _____</p>
32.	<p>Do you want a <u>Living Will</u> to address end of life issues?</p> <p><input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither</p>
33.	<p>Do you wish to be cremated? <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Neither</p> <p>If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.</p>
34.	<p>Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
35.	<p>Do you have any relative who regularly incurs significant medical bills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
36.	<p>IMPORTANT: Is there any member of your family disabled or receiving benefits from the State or Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
37.	<p>How did you first learn about our firm?</p> <p>If you were referred by someone, may we send them a thank you note that mentions your name?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
38.	<p>Who were you referred to:</p> <p><input type="checkbox"/> Edwin M. Boyer <input type="checkbox"/> Mary Alice Jackson <input type="checkbox"/> Andrew R. Boyer</p> <p><input type="checkbox"/> A Staff Member of the Law Firm or <input type="checkbox"/> The Law Firm in General (no specific person)</p>
39.	<p>Primary Goal for your visit with us?</p>
40.	<p>Additional Information we should know? (Check here if attaching separate sheet <input type="checkbox"/>)</p>

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)

1.	Name of Child: _____ Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Date of Birth: _____ Phone: _____ Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:

2.	Name of Child: _____ Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Date of Birth: _____ Phone: _____ Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:

3.	Name of Child: _____ Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Date of Birth: _____ Phone: _____ Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:

4.	Name of Child: _____	Date of Birth: _____ Phone: _____
	Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name:		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:
_____		_____
_____		_____

5.	Name of Child: _____	Date of Birth: _____ Phone: _____
	Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name:		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:
_____		_____
_____		_____

6.	Name of Child: _____	Date of Birth: _____ Phone: _____
	Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name:		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:		
Names:		Ages:
_____		_____
_____		_____

Do you have any children who have predeceased you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list information below:	
Name of deceased child: _____ Child of: <input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife	
Married at death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name:	
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:	
Names:	Ages:

Do you have any children or grandchildren who are adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Persons or Institutions to be Named in Your Documents (and not listed above):

	Names as you would like them to appear on your documents	City and State	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

SECTION IV: FINANCIAL INFORMATION

Check the box if held in a Revocable Trust

*Please indicate if any accounts receive direct deposits.

<u>Assets</u> (Estimate Current Fair Market Value)	<u>In Husband's Name</u>	<u>In Wife's Name</u>	<u>Owned Jointly</u>
1. Principal Residence	<input type="checkbox"/>	<input type="checkbox"/>	
2. Other Real Estate			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
3. Mineral Interests	<input type="checkbox"/>	<input type="checkbox"/>	
4. Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Certificates of Deposit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Brokerage Account(s)			
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. Other Securities	<input type="checkbox"/>	<input type="checkbox"/>	
9. Business Interests	<input type="checkbox"/>	<input type="checkbox"/>	
10. Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>	
11. Personal Effects & Furnishings	<input type="checkbox"/>	<input type="checkbox"/>	
12. Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	
13. Other	<input type="checkbox"/>	<input type="checkbox"/>	
Total Assets			
For Office Use: <i>(countable assets)</i>			

<u>Liabilities</u>	<u>Husband's Name Only</u>	<u>Wife's Name Only</u>	<u>Owed Jointly</u>
Home Mortgage			
Other Mortgages			
Other Loans			
<i>Total Liabilities</i>			

NET ASSETS			
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Profit Sharing, IRA, Pension Plans, 401k, Etc.

OWNER	DESCRIPTION	BENEFICIARY	CURRENT VALUE

Husband's Total Retirement Benefits: _____ Wife's Total Retirement Benefits: _____

COMBINED TOTAL RETIREMENT BENEFITS: _____

<u>Income</u> (Please list ALL amounts of Gross Monthly Income if applicable)	<u>Husband's Income</u> (checks are payable to Husband)	<u>Wife's Income</u> (checks are payable to Wife)	<u>Income Received Jointly</u>
1. Employment Earnings	<input type="checkbox"/>	<input type="checkbox"/>	
2. Social Sec. Retirement	<input type="checkbox"/>	<input type="checkbox"/>	
3. Social Sec. Disability	<input type="checkbox"/>	<input type="checkbox"/>	
4. Veterans Benefit	<input type="checkbox"/>	<input type="checkbox"/>	
5. Private Pension	<input type="checkbox"/>	<input type="checkbox"/>	
6. Public Employee Pension	<input type="checkbox"/>	<input type="checkbox"/>	
7. Military Pension	<input type="checkbox"/>	<input type="checkbox"/>	
8. Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	
9. Interest & Dividends	<input type="checkbox"/>	<input type="checkbox"/>	
10. Annuity Payments	<input type="checkbox"/>	<input type="checkbox"/>	
11. Rental Prop. Income	<input type="checkbox"/>	<input type="checkbox"/>	
12. Other	<input type="checkbox"/>	<input type="checkbox"/>	
13. Other	<input type="checkbox"/>	<input type="checkbox"/>	
Total Income			
For Office Use: (Countable Income)			

Life Insurance

*Please bring policies to initial appointment

Type (e.g., term, group, whole life, accidental)	Face Amount of Death Benefit	Approximate Cash Value	Owner		Insured		Primary Beneficiary	Secondary Beneficiary
			Husband	Wife	Husband	Wife		

Husband's Total Insurance: _____

Wife's Total Insurance: _____

COMBINED TOTAL INSURANCE: _____

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & + & \underline{\hspace{2cm}} & + & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{NET ASSETS} & & \text{COMBINED TOTAL} & & \text{COMBINED TOTAL} & & \text{TOTAL} \\
 & & \text{RETIREMENT} & & \text{INSURANCE} & & \\
 & & \text{BENEFITS} & & & &
 \end{array}$$

Other Insurance (Long-Term Care, Health Ins. or Medicare Supp, Part-D, etc.)

*Please bring policies to initial appointment

Type	Company	Premium Amount	Husband Wife or Joint	Benefit amount	Elimination Period (if applicable)	Coverage Period

SECTION V: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

**All information provided on this form will be treated as privileged and confidential.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT BOYER & BOYER, P.A. IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES US, AND IF THERE IS ANY MATERIAL CHANGE IN OUR ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, WE WILL NOTIFY BOYER & BOYER, P.A..

Husband's Signature _____

Wife's Signature _____

Name of Individual Completing this form (if other than above) _____

Names of other persons attending this meeting _____

(Important Note: presence of non-clients may negate the attorney-client privilege)