



Law Office of Naomi E. Metz

ESTATE PLANNING QUESTIONNAIRE FOR COUPLES

PARTY #1

Full legal name: _____

Previous legal name(s)/Chosen name(s): _____

Preferred pronouns: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Position: _____

Date of birth: _____ Citizenship: _____

Relationship status (include status title(s), date(s), and jurisdiction(s) in which status obtained for each legally-recognized relationship): _____

If applicable, date of divorce, dissolution, or annulment of previous relationship? _____

If applicable, are you making payments pursuant to a marital/RDP settlement agreement? Yes No

If yes, please provide a copy of the settlement agreement.

PARTY #2

Full legal name: _____

Previous legal name(s)/Chosen name(s): _____

Preferred pronouns: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Position: _____

Date of birth: _____ Citizenship: _____

Relationship status (include status title(s), date(s), and jurisdiction(s) in which status obtained for each legally-recognized relationship): _____

If applicable, date of divorce, dissolution, or annulment of previous relationship(s) _____

If applicable, are you making payments pursuant to a marital/RDP settlement agreement? Yes No

If yes, please provide a copy of the settlement agreement.

CHILDREN AND OTHER BENEFICIARIES

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the beneficiaries named above have a disability? Yes No

If yes, please describe briefly: _____

Are any of the beneficiaries named above on public benefits? Yes No

If yes, please describe briefly: _____

GOALS AND EXISTING DOCUMENTS

Please briefly describe your primary goals for your estate planning: _____

Do either of you have a living trust? Yes No

If yes, date it was established? _____

Do either of you have a will? Yes No

Do either you have a Durable Power of Attorney (for financial matters)? Yes No

Do either you have an existing Advance Health Care Directive? Yes No

APPOINTMENTS

SUCCESSOR TRUSTEE(S): Your successor trustee(s) will be responsible for managing your trust assets in the event you are unable to do so. This will include managing trust assets in the event

of your incapacity, and handling the administration of your trust, including the distribution of your estate, in the event of your death.

JOINT TRUST

First Successor Trustee: _____

Second Successor Trustee: _____

SEPARATE TRUSTS:

Party #1 First Successor Trustee: _____

Party #1 Second Successor Trustee: _____

Party #2 First Successor Trustee: _____

Party #2 Second Successor Trustee: _____

ATTORNEY-IN-FACT: You will appoint an attorney-in-fact in your Durable Power of Attorney (for financial matters). Your attorney-in-fact may, but is not required to be, the same person(s) as your successor trustee(s). The Durable Power of Attorney may be made effective immediately upon execution, or only upon your incapacity, and provides your attorney-in-fact with the authority to handle all of your daily affairs during your incapacity.

Party #1 First Attorney-in-fact: _____

Party #1 Second Attorney-in-fact: _____

Party #2 First Attorney-in-fact: _____

Party #2 Second Attorney-in-fact: _____

HEALTH CARE AGENT(S): Your health care agent(s) will be responsible for making decisions on your behalf regarding medical consents, life support issues, and nursing home admission in the event that you are unable or unwilling to do so. Your health care agent(s) may, but are not required to be, the same as your successor trustee(s) and/or attorney-in-fact. Please provide the name and contact information (phone, email, and address) for each health care agent you wish to appoint.

Party #1 First health care agent: _____

Party #1 Second health care agent: _____

Party #2 First health care agent: _____

Party #2 Second health care agent: _____

GUARDIAN(S) FOR MINOR CHILDREN: If you have one or more minor children, who do you want to appoint to serve as guardian(s) for your child(ren) in the event you become unable to care for your child(ren)?

Primary Guardian(s): _____

Alternate Guardian(s): _____

If you appoint more than one person to serve as primary or alternate guardians, can they only serve together, or can either serve as the sole guardian if the other person named is unable or unwilling to do so? _____

ASSETS AND LIABILITIES

Please include complete information about your assets, as indicated below, so that we can determine the most appropriate structure for your estate plan, and provide you with specific instructions for transferring your assets to your trust, or making beneficiary designations that reflect your intended distributions. Attach additional pages if necessary.

CASH ACCOUNTS

OWNER	NAME OF BANK OR INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE

INVESTMENT ACCOUNTS (OTHER THAN RETIREMENT ACCOUNTS)

OWNER	NAME OF BROKERAGE OR INVESTMENT FIRM	TYPE OF ACCOUNT	CURRENT BALANCE

RETIREMENT PLANS AND ACCOUNTS

OWNER	TYPE OF PLAN	EMPLOYER OR ISSUING INSTITUTION	DEATH BENEFICIARY	CURRENT VALUE	ARE YOU CURRENTLY CONTRIBUTING TO THIS ACCOUNT?

PRE-TAX ANNUITIES

OWNER	ISSUING COMPANY	LIFE PAYMENTS ONLY?	DEATH BENEFICIARY	CURRENT VALUE

POST-TAX ANNUITIES

OWNER	ISSUING COMPANY	LIFE PAYMENTS ONLY?	DEATH BENEFICIARY	CURRENT VALUE

UNEXERCISED EMPLOYEE STOCK OPTIONS

OWNER	COMPANY	GRANT DATE	VEST DATE	NUMBER GRANTED	TYPE OF OPTION	CURRENT VALUE

STOCK CERTIFICATES OR BONDS (NOT HELD IN AN INVESTMENT ACCOUNT)

OWNER	ISSUING COMPANY	NUMBER OF SHARES	CURRENT VALUE

LIFE INSURANCE POLICIES

WHOSE LIFE INSURED?	WHO PAYS PREMIUMS?	ISSUING COMPANY	TYPE OF POLICY (WHOLE LIFE, TERM)	CASH VALUE	LOANS AGAINST THE POLICY	BENEFICIARY

BUSINESS INTERESTS

OWNER	COMPANY NAME	TYPE OF ENTITY	PERCENT OWNED	BUY/SELL AGREEMENT?	VALUE OF INTEREST

REAL PROPERTY INTERESTS

Please bring a copy of the deed for each property listed below to our first meeting.

PROPERTY ADDRESS	TYPE OF PROPERTY	OWNER	HOW PROPERTY IS TITLED	CURRENT MORTGAGE BALANCE	CURRENT FAIR MARKET VALUE

DEBTS OWED TO YOU

TO WHOM IS DEBT OWED?	NAME(S) OF DEBTOR(S)	PURPOSE OF LOAN	LOAN DATE	DUE DATE	CURRENT BALANCE

TANGIBLE PERSONAL PROPERTY (INCLUDING CARS, BOATS, PLANES)

PROPERTY DESCRIPTION	ESTIMATED VALUE

LIABILITIES (OTHER THAN REAL PROPERTY LIABILITIES)

NATURE OF LIABILITY	WHO INCURRED DEBT?	CURRENT VALUE