



Law Office of Naomi E. Metz

## ESTATE PLANNING QUESTIONNAIRE FOR INDIVIDUALS

### PERSONAL INFORMATION

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, date, and jurisdiction in which status obtained for each legally-recognized relationship) \_\_\_\_\_

Date of divorce, dissolution, or annulment, if any \_\_\_\_\_. If so, are you making payments pursuant to a property 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 you have an existing living trust? Yes No

If yes, date it was established? \_\_\_\_\_

Do you have an existing will? Yes No

Do you have an existing Durable Power of Attorney (for financial matters)? Yes No

Do 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.

First Successor Trustee: \_\_\_\_\_

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.

First Attorney-in-fact: \_\_\_\_\_

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.

First health care agent: \_\_\_\_\_

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**

NAME OF BANK OR INSTITUTION	TYPE OF ACCOUNT	CURRENT BALANCE

**INVESTMENT ACCOUNTS (OTHER THAN RETIREMENT ACCOUNTS)**

NAME OF BROKERAGE OR INVESTMENT FIRM	TYPE OF ACCOUNT	CURRENT BALANCE

**RETIREMENT PLANS AND ACCOUNTS**

<b>TYPE OF PLAN</b>	<b>EMPLOYER OR ISSUING INSTITUTION</b>	<b>DEATH BENEFICIARY</b>	<b>CURRENT VALUE</b>	<b>ARE YOU CURRENTLY CONTRIBUTING TO THIS ACCOUNT?</b>

**PRE-TAX ANNUITIES**

<b>ISSUING COMPANY</b>	<b>LIFETIME PAYMENTS ONLY?</b>	<b>DEATH BENEFICIARY</b>	<b>VALUE</b>

**POST-TAX ANNUITIES**

<b>ISSUING COMPANY</b>	<b>LIFETIME PAYMENTS ONLY?</b>	<b>DEATH BENEFICIARY</b>	<b>VALUE</b>

**UNEXERCISED EMPLOYEE STOCK OPTIONS**

<b>GRANT DATE</b>	<b>VEST DATE</b>	<b>NUMBER GRANTED</b>	<b>TYPE</b>	<b>ISSUING COMPANY</b>	<b>CURRENT VALUE</b>

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

ISSUING COMPANY	NUMBER OF SHARES	CURRENT VALUE

**LIFE INSURANCE POLICIES**

ISSUING COMPANY	TYPE OF POLICY	CASH VALUE	LOANS AGAINST THE POLICY?	DEATH BENEFICIARY

**BUSINESS INTERESTS**

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

**REAL PROPERTY INTERESTS**

PROPERTY ADDRESS	TYPE OF PROPERTY	% OWNED BY YOU	OUTSTANDING MORTGAGE	CURRENT VALUE

**DEBTS OWED TO YOU**

NAME(S) OF DEBTOR(S)	PURPOSE OF LOAN	LOAN DATE	DUE DATE	CURRENT BALANCE

**TANGIBLE PERSONAL PROPERTY (INCLUDING CARS, BOATS, PLANES)**

<b>PROPERTY DESCRIPTION</b>	<b>ESTIMATED VALUE</b>

**LIABILITIES (OTHER THAN REAL PROPERTY LIABILITIES)**

<b>NATURE OF LIABILITY</b>	<b>CURRENT BALANCE</b>