



4775 Munson Street NW  
Canton, Ohio 44718  
Telephone: (330) 244-2862  
Facsimile: (330) 497-4020

# ESTATE & ASSET PROTECTION PLANNING QUESTIONNAIRE

(Married)  
PERSONAL AND CONFIDENTIAL

Date: \_\_\_\_\_

## BACKGROUND INFORMATION

LEGAL NAME (Husband): \_\_\_\_\_  
*First MI Last*

LEGAL NAME (Wife): \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S) (Husband): \_\_\_\_\_  
*Home Cell Work*

PHONE NUMBER(S) (Wife): \_\_\_\_\_  
*Home Cell Work*

E-MAIL ADDRESS (Husband): \_\_\_\_\_  
*We do not recommend work emails as these are not considered private, and void the attorney client privilege.*

E-MAIL ADDRESS (Wife): \_\_\_\_\_  
*We do not recommend work emails as these are not considered private, and void the attorney client privilege.*

Date of Marriage: \_\_\_\_\_ PRENUPTIAL AGREEMENT:  Yes  No

DATE OF BIRTH (Husband): \_\_\_\_\_

DATE OF BIRTH (Wife): \_\_\_\_\_

U.S. CITIZENSHIP (Husband):  Yes  No U.S. CITIZENSHIP (Wife):  Yes  No

OCCUPATION (Husband): \_\_\_\_\_  
*Employer*

OCCUPATION (Wife): \_\_\_\_\_  
*Employer*

MILITARY SERVICE (Husband): \_\_\_\_\_  
*(Provide Branch & Dates of Service)*

MILITARY SERVICE (Wife): \_\_\_\_\_  
*(Provide Branch & Dates of Service)*

# FAMILY MEMBERS – CHILDREN

(Please state child's legal name)

**Child 1** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Natural Child of:  Husband  Wife  Both

Disabled:  Yes  No

If disabled, complete: **Special Needs Section**

Married:  Yes  No

Spouse: \_\_\_\_\_

Child 1's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Child 2** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Natural Child of:  Husband  Wife  Both

Disabled:  Yes  No

If disabled, complete: **Special Needs Section**

Married:  Yes  No

Spouse: \_\_\_\_\_

Child 2's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Child 3** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Disabled:  Yes  No

Married:  Yes  No

Natural Child of:  Husband  Wife  Both

If disabled, complete: Special Needs Section

Spouse: \_\_\_\_\_

Child 3's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child 4** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Disabled:  Yes  No

Married:  Yes  No

Natural Child of:  Husband  Wife  Both

If disabled, complete: Special Needs Section

Spouse: \_\_\_\_\_

Child 4's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child 5** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Disabled:  Yes  No

Married:  Yes  No

Natural Child of:  Husband  Wife  Both

If disabled, complete: Special Needs Section

Spouse: \_\_\_\_\_

Child 5's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child 6** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_  
*Street Number and Name*

\_\_\_\_\_  
*City State Zip County*

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

OCCUPATION (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adopted:  Yes  No

Natural Child of:  Husband  Wife  Both

Disabled:  Yes  No

If disabled, complete: Special Needs Section

Married:  Yes  No

Spouse: \_\_\_\_\_

Child 6's Children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PARENTS

(Please state parent's legal name)

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### Husband's parents:

**Father** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

Living:  Yes  No Age: \_\_\_\_\_

**Mother** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

Living:  Yes  No Age: \_\_\_\_\_

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### Wife's parents:

**Father** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

Living:  Yes  No Age: \_\_\_\_\_

**Mother** NAME: \_\_\_\_\_  
*First MI Last*

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_  
*Home Cell Work*

Living:  Yes  No Age: \_\_\_\_\_

## FINANCIAL ADVISORS

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Name of Stockbroker or financial advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Accountant or tax preparer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## REAL ESTATE - HOME

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Address: \_\_\_\_\_

This property is:     A house     A mobile home     A condominium     An apartment

If other, describe: \_\_\_\_\_

If mobile home:             Own the lot             Rent the lot

Name(s) on the deed: \_\_\_\_\_

Is there a mortgage?     Yes     No    Mortgage balance \$ \_\_\_\_\_

Tax assessor's value \$ \_\_\_\_\_

What price would you expect to receive if you sold this property? \$ \_\_\_\_\_

Date of purchase \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

## OTHER REAL ESTATE

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Address: \_\_\_\_\_

This property is:     A house     A mobile home     A condominium     An apartment

If other, describe: \_\_\_\_\_

If mobile home:             Own the lot             Rent the lot

Name(s) on the deed: \_\_\_\_\_

Is there a mortgage?     Yes     No    Mortgage balance \$ \_\_\_\_\_

Tax assessor's value \$ \_\_\_\_\_

What price would you expect to receive if you sold this property? \$ \_\_\_\_\_

Date of purchase \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Do you receive rental income?     Yes     No    Monthly rental amount \$ \_\_\_\_\_

## LIFE INSURANCE

**Husband:**

Company	Insured/Owner (if different, list both)	Beneficiary	Death Benefit	Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Total *cash value* for Husband: \$ \_\_\_\_\_

**On Wife's life:**

Company	Insured/Owner (if different, list both)	Beneficiary	Death Benefit	Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Total *cash value* for Wife: \$ \_\_\_\_\_

### **MONEY OWED TO YOU** (Loans, mortgages, promissory notes)

**Receivable #1:**

Names on the note or mortgage \_\_\_\_\_

Balance due: \$ \_\_\_\_\_

Can the note or mortgage be sold?     Yes     No

Amount you could sell it for: \$ \_\_\_\_\_

**Receivable #1:**

Names on the note or mortgage \_\_\_\_\_

Balance due: \$ \_\_\_\_\_

Can the note or mortgage be sold?     Yes     No

Amount you could sell it for: \$ \_\_\_\_\_

## RETIREMENT ACCOUNTS

(IRA's, SEP's, 401(k)'s, Keogh, Profit sharing, etc.)

Please provide copy of most recent statement(s).

**Husband:**

Company	Type (e.g. IRA)	Beneficiary(ies)	Current Value
			\$
			\$
			\$

**Wife:**

Company	Type (e.g. IRA)	Beneficiary(ies)	Current Value
			\$
			\$
			\$

## ANNUITIES

Please provide copy of most recent statement(s).

**Husband:**

Company	Owner	Annuitant	Beneficiary(ies)	Current Value	Current Monthly Payment (if any)
				\$	\$
				\$	\$
				\$	\$

**Wife:**

Company	Owner	Annuitant	Beneficiary(ies)	Current Value	Current Monthly Payment (if any)
				\$	\$
				\$	\$
				\$	\$

## BANK ACCOUNTS

Please provide copy of most recent statement(s).

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***Checking Accounts:***

#1 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

#2 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

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***Savings Accounts:***

#1 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

#2 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

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***Money Market Accounts:***

#1 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

#2 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

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## CERTIFICATE OF DEPOSIT

Please provide copy of most recent statement(s).

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***CD #1:***

Name of Bank: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name(s) on CD: \_\_\_\_\_

Maturity date \_\_\_\_\_

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***CD #2:***

#1 Name of Bank: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Name(s) on CD: \_\_\_\_\_

Maturity date \_\_\_\_\_



**MOTOR VEHICLES**  
Automobiles, Trucks, Boats, etc.

Make/Model/Year

Owner's Name(s)

\_\_\_\_\_

\_\_\_\_\_

Make/Model/Year

Owner's Name(s)

\_\_\_\_\_

\_\_\_\_\_

Additional motor vehicle(s)

Automobile     Van     Recreational vehicle     Truck     Boat

Make/Model/Year

Value

Owner's Name(s)

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

Additional motor vehicle(s)

Automobile     Van     Recreational vehicle     Truck     Boat

Make/Model/Year

Value

Owner's Name(s)

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

**BROKERAGE ACCOUNT**

Please attach a copy of most recent brokerage statement

Name of brokerage firm: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Account balance: \$ \_\_\_\_\_

**STOCKS, BONDS & MUTUAL FUNDS**  
**NOT IN BROKERAGE ACCOUNT**

Company	Owner	Beneficiary(ies)	Current Value
			\$
			\$
			\$

## U.S. SAVINGS BONDS

Number of U.S. Savings Bonds: Series E \_\_\_\_\_ Series EE \_\_\_\_\_ Series H \_\_\_\_\_

Has the income tax been paid on the bonds?     Yes     No

Name(s) on bonds \_\_\_\_\_

Total cash value of bonds: \$ \_\_\_\_\_

## OTHER ASSETS

Please identify any additional assets you own  
that have not been identified above. (i.e. business interests, etc.)

Type of Asset	How Titled	Current Value
		\$
		\$
		\$

## ESTATE PLANNING DOCUMENTS

Please check which documents you already have, and **provide us with copies.**

### Husband

### Wife

- Will
- Durable Financial Power of Attorney
- Power of Attorney for Health Care
- Living Will
- Living (revocable) Trust
- Irrevocable Trust
- Other \_\_\_\_\_

- Will
- Durable Financial Power of Attorney
- Power of Attorney for Health Care
- Living Will
- Living (revocable) Trust
- Irrevocable Trust
- Other \_\_\_\_\_

# ESTATE PLANNING

## POWER OF ATTORNEY FOR HEALTH CARE

Under Ohio law, you have the right to designate an agent (and alternates) to make health care decisions if you are unable to convey your desires to a physician. This document is called a "Durable Power of Attorney for Health Care." Who do you want to make your health care decisions? Please state names below.

### **Husband's Choices:**

Name Wife as Primary agent?  Yes  No

Husband's Primary Agent if not Wife:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Alternate agent(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

### **Wife's Choices:**

Name Husband as Primary agent?  Yes  No

Wife's Primary Agent if not Husband:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Alternate agent(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

# DURABLE POWER OF ATTORNEY FOR PROPERTY

Under Ohio law, you have the right to designate an agent to make financial decisions on your behalf during your lifetime. This document is called a "Durable Power of Attorney for Property." Who do you want to make your financial decisions?

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**Husband's Choices:**

Name Wife as Primary agent?  Yes  No

Husband's Primary Agent if not Wife:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternate agent(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

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**Wife's Choices:**

Name Husband as Primary agent?  Yes  No

Wife's Primary Agent if not Husband:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternate agent(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

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# LIVING WILLS

Ohio law also allows you to sign a "Living Will," in which you can specify whether or not you want your life to be prolonged by artificial hydration and nutrition if either (a) you are in the final stages of a terminal illness and death is close at hand, or (b) you are in a "permanent unconscious state." Before life support can be withdrawn, you have the right to direct that certain individuals be notified.

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**Husband's Choices:**

Do you want a Living Will?  Yes  No

Notify Wife first?  Yes  No

Other Individuals to be Notified:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Wife's Choices:**

Do you want a Living Will?  Yes  No

Notify Husband first?  Yes  No

Other Individuals to be Notified:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Street \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

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# HIPAA AUTHORIZATION

List the individuals below whom you authorize to receive health information about you.

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**Husband:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

**Wife:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

## WILLS

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**For Husband:**

Name Wife as Primary Executor?  Yes  No

If Not Wife:

Primary Executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

First Alternate executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Second Alternate executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

**For Wife:**

Name Husband as Primary Executor?  Yes  No

If Not Husband:

Primary Executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

First Alternate executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Second Alternate executor \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

# TRUSTS

***For Husband:***

Name Wife as Primary Trustee?  Yes  No

If Not Wife:

Primary Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

First Successor Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Second Successor Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

***For Wife:***

Name Husband as Primary Trustee?  Yes  No

If Not Husband:

Primary Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

First Successor Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Second Successor Trustee \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Do you want to name your alternates to serve in the order:  as listed above  as co-agent(s)

## TANGIBLE PERSONAL PROPERTY

Your Wills will provide you the opportunity to make a separate writing apart from your Will to list items of tangible personal property to be distributed to certain individuals. If, however, you have any special items that have significant monetary or sentimental value that you want to mention in your Will, please list these below. If you fill out this section, please indicate whether or not the beneficiary is to receive the item upon your death, or after both you and your spouse are deceased.

***Husband's List:***

Item	Beneficiary	Relationship of beneficiary to you	Mark "X" if Beneficiary to receive at your death	Mark "X" if Beneficiary to receive after 2 <sup>nd</sup> death

***Wife's List:***

Item	Beneficiary	Relationship of beneficiary to you	Mark "X" if Beneficiary to receive at your death	Mark "X" if Beneficiary to receive after 2 <sup>nd</sup> death

**PLANNING FOR CHILDREN**  
*Guardianship of Minor or Incapacitated Children*

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***For Husband:***

**Guardian of the Person: (Medical)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

**Guardian of the Estate: (Financial)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

***For Wife:***

**Guardian of the Person: (Medical)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

**Guardian of the Estate: (Financial)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Alternate \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*



***Distributions To Children***

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**Optional choices for distributing assets to your children:**

A.  **Outright Distribution.**

*NOTE: If a child is under 18 years of age and receives an outright distribution exceeding \$25,000 in value, a guardian of the minor's estate will be appointed by the Probate Court and the law requires that the guardian distribute such assets directly to the minor upon attaining age 18.*

B. **In Trust.**

1.  Children are to receive their share at a specific age.  
Indicate age: \_\_\_\_\_
  
2.  Children are to receive their share in two (2) installments:  
Age for 1<sup>st</sup> installment (i.e. 22, 25, etc.): \_\_\_\_\_  
Age for 2<sup>nd</sup> installment (i.e. 3 to 5 years after 1<sup>st</sup>): \_\_\_\_\_
  
3.  Children are to receive their share in three (3) installments:  
Age for 1<sup>st</sup> installment (i.e. 22, 25, 30, etc.): \_\_\_\_\_  
Age for 2<sup>nd</sup> installment (i.e. 3 to 5 years after 1<sup>st</sup>): \_\_\_\_\_  
Age for 3<sup>rd</sup> installment (i.e. 3 to 5 years after 2<sup>nd</sup>): \_\_\_\_\_

C. **Other wishes:**

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TAKERS OF LAST RESORT

If after both of you are deceased, if you have no surviving descendants, who should receive your estate? Select only one of the following:

1.  All to husband's legal next-of-kin (i.e. parents, if living, otherwise brothers and sisters, etc.)
2.  All to wife's legal next-of-kin (i.e. parents, if living, otherwise brothers and sisters, etc.)
3.  One-half to husband's next-of-kin and one half to wife's next-of-kin:
4.  Charities:

Please identify: \_\_\_\_\_

\_\_\_\_\_

5.  Other:

Please identify: \_\_\_\_\_

\_\_\_\_\_

Beneficiary	Relationship of beneficiary to you	Percentage that this beneficiary is to receive

## SPECIAL NEEDS

Complete this portion of the questionnaire only if your planning involves an individual with special needs. Your accuracy and completeness in responding to the following questions is critical for proper advice and planning.

Full Name of Beneficiary with Special Needs:

\_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_ *Last*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Gender:  Male  Female

Spouse's Name (if any): \_\_\_\_\_

Diagnosis / Nature of Disability: \_\_\_\_\_

Beneficiary Receives:  SSI  SSDI  Medicaid  Medicare  
 Section 8 Housing  No Public Benefits  
 Other \_\_\_\_\_

1. Has the Beneficiary filed for or receiving Social Security benefits?  Yes  No

If Yes, date of filing: \_\_\_\_\_

Name of Caseworker: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

2. Will the Beneficiary likely be eligible for Medicare with the next 24 months?  Yes  No

3. Has Beneficiary filed for any other public benefits?  Yes  No

If Yes, please describe: \_\_\_\_\_

4. Where is Beneficiary living:  At Home  At a Group home  At an institution

**If not at home, please list:**

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Contact Person at Institution: \_\_\_\_\_

5. Is the Beneficiary a U.S. Citizen?  Yes  No

6. If the Beneficiary is not a U.S. Citizen, is he/she a qualified alien?  Yes  No  Don't Know.

7. Is the Beneficiary an adult?  Yes  No

If Yes, is the Beneficiary:  Competent  Incompetent

If No, is the Disable Person:  A minor expected to be competent at majority (age 18).

A minor expected to be incompetent at majority (age 18).

8. Social Security Office with which Beneficiary has contact:

Name of Caseworker: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

9. Does the Beneficiary have a court-appointed guardianship?  Yes  No

If Yes, please provide the following:

Name of Court: \_\_\_\_\_ Case No. \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **SPECIAL NEEDS TRUST INFORMATION**

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1. Who will contribute assets to a trust for the Beneficiary?

The Beneficiary. Source of Funds: \_\_\_\_\_

Settlement / Lawsuit. Anticipated Amount: \$ \_\_\_\_\_

Inheritance from: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment of back benefits from: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Parent(s): \_\_\_\_\_

Paternal Grandparent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Maternal Grandparent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Who should serve as Trustee(s)?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Contact Person (if corporate trustee): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*First MI Last*

Contact Person (if corporate trustee): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

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3. Is the Beneficiary receiving a structured settlement? If yes, provide copy.

Name of Settlement Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Annuity Contract No.: \_\_\_\_\_

4. Will the Trust own any real estate?  Yes  No

If Yes, provide the following: information for the property:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Single Family Dwelling  A mobile home  A condominium  An apartment

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If there are assets remaining after the death of the Beneficiary, to whom should such assets pass:

Individual(s); if so, identify: \_\_\_\_\_

\_\_\_\_\_

Charity(ies); if so, identify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ELDER & ASSET PROTECTION PLANNING

Complete this portion if the planning involves protecting assets and long-term care planning.

## HEALTH STATUS

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***Husband:***

Health problems: \_\_\_\_\_

Current Living Arrangement:     At Home     In Assisted Living     In Nursing Home

If in a Facility: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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***Wife:***

Health problems: \_\_\_\_\_

Current Living Arrangement:     At Home     In Assisted Living     In Nursing Home

If in a Facility: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## ACTIVITIES OF DAILY LIVING

Please identify which of the following abilities apply:

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***Husband***

***Wife***

Feeds self

Feeds self

Bathes self

Bathes self

Needs help with meds

Needs help with meds

Speech impaired

Speech impaired

Able to sign documents

Able to sign documents

Able to walk

Able to walk

Other \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BENEFITS

**Husband:** Has an application for Medicaid, Veteran's benefits, Social Security (SSI or SSDI), or any other public benefit been filed?  Yes  No

If Yes, type of benefit \_\_\_\_\_, Date: \_\_\_\_\_  Approved  Denied

**Wife:** Has an application for Medicaid, Veteran's benefits, Social Security (SSI or SSDI), or any other public benefit been filed?  Yes  No

If Yes, type of benefit \_\_\_\_\_, Date: \_\_\_\_\_  Approved  Denied

## AVERAGE MONTHLY INCOME

Source	Husband Gross	Husband Net	Wife Gross	Wife Net
Earned Income	\$	\$	\$	\$
Social Security (Add \$54.00 for gross)	\$	\$	\$	\$
Private Pension	\$	\$	\$	\$
Civil Service	\$	\$	\$	\$
Railroad Retirement	\$	\$	\$	\$
IRA Distribution	\$	\$	\$	\$
Annuity	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$
Interest Income	\$	\$	\$	\$
Dividend Income	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Other Income	\$	\$	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## AVERAGE MONTHLY EXPENSES

(All amounts should be *monthly* amounts. Divide annual expenses by 12)

<i>Monthly Shelter Expenses</i>		<i>Non-Shelter Expenses</i>	
Mortgage	\$	Food	\$
Rent	\$	Life Insurance	\$
Maintenance Expense	\$	Clothing	\$
Real Estate Taxes	\$	Transportation including Auto Insurance	\$
Homeowners/Renters Insurance	\$	Cable TV	\$
Condominium Fees	\$	Federal, State, Local Income Taxes	\$
Lawn care/snow removal	\$		\$
<i>Utilities</i>		<i>Medical Expenses</i>	
Electric	\$	Health Insurance	\$
Gas	\$	Prescriptions	\$
Water	\$	Unreimbursed medical expenses	\$
Sewer	\$	Long Term Care Insurance	\$
Trash Collection	\$		

## CURRENT ASSISTED LIVING OR NURSING HOME EXPENSES

Monthly Facility Expense	\$
Monthly Prescription Cost	\$
Monthly Supplies	\$
Monthly Other Cost	\$
<b>Total Monthly Expenses</b>	<b>\$</b>



## HEALTH/MEDICAL INSURANCE

Insured	Company Name and Address	Monthly Premium
		\$
		\$

## LONG TERM CARE INSURANCE

Insured Name	Company Name	Monthly Benefit	No. of Mos. Of Benefits	Annual Premium

## FUNERAL ARRANGEMENTS

### *Husband*

Prepaid Funeral Plan     Yes     No

If Yes,  Paid     Still paying for

Contract is     Revocable     Irrevocable

Contract Amount \$ \_\_\_\_\_

Own Cemetery Plot     Yes     No

Funeral Home:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

### *Wife*

Prepaid Funeral Plan     Yes     No

If Yes,  Paid     Still paying for

Contract is     Revocable     Irrevocable

Contract Amount \$ \_\_\_\_\_

Own Cemetery Plot     Yes     No

Funeral Home:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

**GIFTS TO SOMEONE OTHER THAN SPOUSE  
WITHIN THE PAST FIVE YEARS**

Please provide information on any gifts made to any person other than your spouse within the last five (5) years.

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**Gift No. 1** *(i.e. cash, savings bonds, CD, stock, car, real estate, etc.)*

Type of Asset: \_\_\_\_\_

Beneficiary of gift: \_\_\_\_\_

Date of gift: \_\_\_\_\_

Value of gift: \$ \_\_\_\_\_

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**Gift No. 2** *(i.e. cash, savings bonds, CD, stock, car, real estate, etc.)*

Type of Asset: \_\_\_\_\_

Beneficiary of gift: \_\_\_\_\_

Date of gift: \_\_\_\_\_

Value of gift: \$ \_\_\_\_\_

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**Gift No. 3** *(i.e. cash, savings bonds, CD, stock, car, real estate, etc.)*

Type of Asset: \_\_\_\_\_

Beneficiary of gift: \_\_\_\_\_

Date of gift: \_\_\_\_\_

Value of gift: \$ \_\_\_\_\_

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**Gift No. 4** *(i.e. cash, savings bonds, CD, stock, car, real estate, etc.)*

Type of Asset: \_\_\_\_\_

Beneficiary of gift: \_\_\_\_\_

Date of gift: \_\_\_\_\_

Value of gift: \$ \_\_\_\_\_

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## WHO REFERRED YOU TO OUR OFFICE

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Seminar     Internet Search     Other (please specify) \_\_\_\_\_

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## DOCUMENTS TO BRING

Please bring the following to your appointment:

Any existing estate planning documents (Wills, Powers of Attorney, etc.)

Pre-Marital or Ante-Nuptial Agreement if applicable

Driver's License / State ID

Social Security Card(s)

Most recent account statements (i.e. bank, brokerage, annuity, IRA, etc.)

Most recent federal income tax return

Deed(s) for real estate

**After you have completed the Questionnaire, please sign the following statement:**

The undersigned hereby represent to Krugliak, Wilkins, Griffiths & Dougherty Co., L.P.A. and each of its attorneys, that the information contained in this questionnaire is accurate and complete and that the undersigned understand that the law firm and its individual lawyers will rely on this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

***Husband:***

Sign: \_\_\_\_\_ Date \_\_\_\_\_

***Wife:***

Sign: \_\_\_\_\_ Date \_\_\_\_\_