

**WELCH LAW LLC**  
**ESTATE PLANNING QUESTIONNAIRE**

Husband's Legal Name: \_\_\_\_\_

Other Names used by Husband: \_\_\_\_\_

Telephone: (Husband cell/home) \_\_\_\_\_ (Wife cell/home) \_\_\_\_\_

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

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

Business/Employment: \_\_\_\_\_

Wife's Legal Name: \_\_\_\_\_

Other Names used by Wife: \_\_\_\_\_

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

Business/Employment: \_\_\_\_\_

US citizen?  Yes  No. If no, what nationality: \_\_\_\_\_

**Prior Marriages?**

Husband:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

Wife:  Yes  No. If yes, name of prior spouse: \_\_\_\_\_

How Terminated?  Death  Divorce Date: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE:**  None

**AGE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**CHILDREN FROM PRIOR MARRIAGE:**

	<b>WIFE</b>	<b>HUSBAND</b>	<b>AGE</b>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Treat all children as if they were the children of this marriage?  No  Yes

- |  | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|--|--------------------------|--------------------------|
| • Any deceased children?<br>If yes, name: _____<br>If yes, survived by issue?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any adopted children?<br>If yes, name: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any relatives (other than children) who depend on you for all or part of their support?          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you wish to disinherit any of your children, grandchildren or any other close relative?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have an existing Marital Property Agreement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do either of you expect to inherit substantial assets (\$100,000 +)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have existing Wills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any existing trusts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever filed a Federal Gift Tax Return?   | <input type="checkbox"/> | <input type="checkbox"/> |

**YES**      **NO**

- Should the surviving spouse have the power to control the distribution of the entire estate after the first death?
- Do you want any assets to pass to your children before the second spouse's death?
- If a beneficiary dies prior to the second spouse's death, do you want the assets to go to that beneficiary's issue?
- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

• The name of the person(s) other than the surviving spouse that you want to be the decision maker concerning your estate upon your death (name and phone #):

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• The name of the person(s) that you want to raise a child that is under 18, if both spouses die (if applicable) (name and phone #):

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• The name of the person(s) other than the surviving spouse that you want to make any major medical decisions on your behalf (name and phone #):

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• In general, state how you want your estate distributed among your beneficiaries after the death of both of you?

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• State any specific concerns (not already mentioned) that you have regarding the distribution of your estate:

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# BURIAL WISHES

**HUSBAND:**

At my death, I wish to be:            cremated                            buried.

I would like my ashes disposed as follows/ I would like my remains interred as follows

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I have already made arrangements at:

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**WIFE:**

At my death, I wish to be:            cremated                            buried.

I would like my ashes disposed as follows/ I would like my remains interred as follows

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I have already made arrangements at:

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# OTHER ADVISORS

Accountant: \_\_\_\_\_

Financial Advisor(s): \_\_\_\_\_

Insurance Agent(s): \_\_\_\_\_

Business Advisor(s) (if applicable): \_\_\_\_\_

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## ESTIMATED VALUE OF ESTATE

<u>TYPE OF ASSET:</u>	<u>HUSBAND'S SEP. PROP.</u>	<u>WIFE'S SEP. PROP.</u>	<u>COMMUNITY PROPERTY</u>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____	\$ _____	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____	\$ _____	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____	\$ _____	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____	\$ _____	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc. †)	\$ _____	\$ _____	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____	\$ _____	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

\* Use best guess; this can be a “ballpark” estimate.

† Do not show benefits which will terminate at death (e.g., pension, social security, etc.).  
Value of Life Insurance policies will be listed separately on the next page.

**If you intend to transfer your primary residence into a trust, or desire us to create a beneficiary deed, please bring a copy of your current deed or legal description of your home (which can typically be found in your mortgage documents). We will need this information to create a deed for your proposed property transfer.**

## LIFE INSURANCE

(do not include accidental death policies)

- "Insured" will be "H" husband; "W" wife; or "S" survivor
- "Owner" will be "C" community property; "H" husband or "W" wife
- "Cash Value" use best estimate (term policies normally have no cash value)
- "Face Value" is the amount payable at death
- "Beneficiary" will be "H" husband; "W" wife; "C" child, "O" other

INSURED (H/W/S)	OWNER (H/W/C)	CASH VALUE (\$ estimate)	FACE VALUE (\$ paid on death)	BENEFICIARY (H/W/C/O)
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

## LONG TERM CARE/DISABILITY INSURANCE

INSURED (H/W/S)	OWNER (H/W/C)	BENEFICIARY (H/W/C/O)	BENEFIT VALUE (Monthly/Lump/Yearly)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____